

City and County of San Francisco
Department of City Planning

87.847E
DRAFT

**DAVIES MEDICAL CENTER, SAN FRANCISCO
MEDICAL CENTER ANNEX AND PARKING STRUCTURE
Environmental Impact Report**

20 June 1991

Draft EIR Publication Date: June 20, 1991
Draft EIR Public Hearing Date: July 25, 1991
Draft EIR Public Comment Period: June 20, 1991 through August 5, 1991

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June 20, 1991

TO: Distribution List for the Davies Medical Center Project
Department of City Planning File No. 87.847E

FROM: Barbara Sahm, Environmental Review Officer

SUBJECT: Request for the Final Environmental Impact Report

This is the draft of the Environmental Impact Report (EIR) for the Davies Medical Center Project. A public hearing will be held on the adequacy and the accuracy of this document on July 25, 1991. After the public hearing, our office will prepare and publish a document titled "Summary of Comments and Responses" which will contain a summary of all relevant comments on this Draft EIR and our responses to those comments. It may also specify changes to this Draft EIR. Those who testify at the hearing or submit written comments on the Draft EIR will automatically receive a copy of the Comments and Responses document along with notice of the date reserved for certification (usually about nine weeks after the hearing on the Draft); others may receive such copies and notice on request or by visiting our office. This Draft EIR, together with the Summary of Comments and Responses document, will be considered by the City Planning Commission in an advertised public meeting and certified as a Final EIR if deemed adequate.

After certification, we will modify the Draft EIR as specified by the Comments and Responses document and print both documents in a single publication called the Final Environmental Impact Report. The Final EIR will add no new information to the combination of the documents except to reproduce the certification resolution. It will simply provide the information in one rather than two documents. Therefore, if you receive a copy of the Comments and Responses document in addition to this copy of the Draft EIR, you will technically have a copy of the Final EIR.

We are aware that many people who receive the Draft EIR and the Summary of Comments and Responses have no interest in receiving virtually the same information after the EIR has been certified. To avoid expending money and paper needlessly, we would like to send copies of the Final EIR to private individuals only if they request them.

If you want a copy of the Final EIR, please so indicate in the space provided on the next page and mail the request to the Office of Environmental Review within two weeks after certification of the Final EIR. Any private party not requesting the Final EIR by that time will not be mailed a copy. Public agencies on the distribution list will automatically receive a copy of the Final EIR. Copies will also be available at the Department of City Planning, 450 McAllister Street, 6th Floor, San Francisco, CA 94102.

If you want to submit written comments on the Draft EIR, please send them to: The Environmental Review Officer, 450 McAllister Street, 6th Floor, San Francisco, CA 94102.

Thank you for your interest in this project.

If you are interested in receiving a copy of the Final Environmental Impact Report on the Davies Medical Center Project, please complete the information requested on this page, remove the page from this book, fold, stamp, and mail to the indicated address.

To: Department of City Planning
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Please send me a copy of the Final
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CHAPTER I. SUMMARY

I.A. PROJECT DESCRIPTION (Pages 10-29)

Davies Medical Center proposes to construct a four-story 48,500 sq.ft., Medical Center Annex Building at the corner of Duboce Avenue and Noe Street and a three-story, 294-space parking structure (in two tri-level sections) at the corner of Castro and 14th Streets on the existing Davies site.

The Medical Center occupies all of Assessor's Block 3539 which is bounded by Duboce Avenue to the north, Noe Street to the east, 14th Street to the south, and Castro Street to the west. Both project sites are paved parking lots with landscaped perimeters and some internal landscaped areas.

The Medical Center Annex building (hereafter, Annex) would rise a maximum of 55 ft. above Noe Street and 39 ft. above Duboce Avenue. The proposed Annex would be set back 9 ft. from the property line on Duboce Avenue and 15 ft. from the property line on Noe Street.

The Annex would contain 25,000 sq.ft. of medical office space for physicians and up to 23,500 sq.ft. of patient support space. The fourth floor would link the Annex to Level A of the existing Acute Hospital.

The three-story parking structure would contain 294 parking spaces and would provide a net increase of 137 parking spaces at Davies Medical Center. Vehicular access to the structure would be from the hospital driveway off Castro Street and from 14th Street. The height of the structure would be nine to 15 ft. above street level along Castro Street and nine to 30 ft. above street level along 14th Street.

The Project Sponsor proposes to widen the existing 14th Street entrance closest to Noe Street by two to six ft., to change the existing parallel parking

I. SUMMARY

parking along the Noe Street side of the Medical Center to diagonal parking, and to build an Acute Hospital waiting room.

I.B. ENVIRONMENTAL IMPACTS

1. Zoning (Pages 57-59)

Conditional Use (CU) authorization from the City Planning Commission, under Section 303 of the Planning Code, would be required for a medical building such as the Annex, which would include medical office, laboratory and outpatient clinic space, in an RH-3 District (Residential Housing, three-family). The Annex would have 25,000 sq.ft. of medical office use. The proposed project would, therefore, require authorization from the City Planning Commission under Section 321 of the Planning Code, the Office Development Limitation Program, Reserve for Smaller Buildings, which applies to buildings with new office space of 25,000 to 50,000 sq.ft. The proposed project would also be subject to the Office Affordable Housing Production Program, which applies to buildings with a total new office space of 25,000 sq.ft. or greater. Both the parking structure and the Annex would conform to the existing 65-D height and bulk limitations, which apply to most of Davies Medical Center.

2. Urban Design (Pages 59-71)

The proposed Annex and the parking structure would incorporate materials and design elements similar to those of the existing Medical Center Buildings. The median height of the Annex (55') and the maximum height of the parking structure (30') would be consistent with neighborhood buildings which range in height from 35 to 60 ft. Architecturally, the concrete and institutional character of the Annex and parking structure would contrast with neighborhood residential buildings, which are primarily in Victorian and Mission styles.

I. SUMMARY

Views of the proposed Annex and parking structure would be partially screened by landscaping. Along the Noe Street side of the Medical Center the sidewalk would be narrowed to provide space for diagonal parking and trees. Planting bays; benches, and brick paving would also be incorporated into the design.

3. Shadows (Pages 71-78)

Existing Davies Medical Center buildings cast shadows on the proposed Annex site, in the project vicinity, and on Duboce Park. The height of the Annex would be less than 40 ft. and, as such it is not subject to Proposition K restrictions.

4. Transportation (Pages 78 - 110)

The proposed project would increase the number of on-site parking spaces at Davies from 333 to 470 spaces. Although the anticipated parking demand would increase from 556 spaces at present to 632 spaces, the estimated parking deficit would be reduced from 223 to 162 and thereby cause a decrease in demand for on-street parking. Ten new curb spaces would be made available on Noe Street by converting the parallel parking to diagonal parking. The proposed project would cause a decrease of on-street parkers in the area surrounding Davies Medical Center.

The proposed project would increase the total number of daily vehicle trips to Davies from about 1,440 to about 1,800 (a 25% increase). The number of trips during the morning peak hour (8:00 to 9:00 a.m.) would increase from about 200 to about 227 trip ends and the number of trip ends during the afternoon peak hour (4:45 to 5:45 p.m.) would increase from about 275 to about 330 trip ends (a 20% increase). The 1995 conditions, which include 5% background traffic growth, would not change the Level of Service (LOS) at the

I. SUMMARY

Castro and Duboce, Noe and Duboce, Noe and 14th, and Divisadero and Haight Streets intersections. Castro and 14th Streets would remain at LOS D during the p.m. peak hour. For vehicles exiting the Castro Street driveway during the p.m. peak hour, the LOS would change from C to D.

The Project Sponsor has agreed to implement a Transportation Systems Management Program to reduce the number of employees who will drive alone to work.

5. Traffic Noise Impacts (Pages 112 - 113)

No noticeable difference in ambient noise is expected to occur with the proposed project. There would be a 5% increase in traffic volume with the 1995 conditions, which include the project, during the a.m. and p.m. peak hours. To produce a noticeable increase in environmental noise, traffic volume on area streets would need to be almost doubled. Structural separation, landscaping along Castro Street and planting on the parking structure would help mute the noise of automobiles maneuvering on the lower levels.

I.C. MITIGATION MEASURES (Pages 114 - 120)

The following items are the major mitigation measures included as part of the project that would mitigate potential environmental impacts. The mitigation measures are listed in the order they appear in Chapter V.

- Planting containers on both the Annex and the parking structure will be incorporated into the designs to enhance the appearance of the structures. The stepped-back design and window bays of the Annex will break up its massive appearance.

- Free, priority parking will continue to be provided for carpools.

I. SUMMARY

- A certified arborist has been consulted to determine measures to be taken to protect the trees along the perimeter of the Medical Center during and after construction.

I.D. ALTERNATIVES (Pages 122 - 141)

A. No Project

The Annex and parking structure would not be built. None of the environmental impacts associated with the proposed project would occur. The Project Sponsor rejected Alternative A because none of the development objectives would be met.

B. Off-Site Construction

Under Alternative B, the Annex and the parking structure would be constructed at off-site locations. This Alternative would not cause the visual, traffic, and parking impacts in the immediate vicinity of Davies associated with the proposed project. Project impacts would be shifted elsewhere in the neighborhood. This parking structure would be less effective than the proposed design in mitigating parking congestion near Davies and additional traffic would be created by trips between the off-site facilities and the main Davies facilities.

The Project Sponsor rejected Alternative B because: 1) the Annex doctors must be near the hospital to provide emergency care; 2) doctors require office space that is accessible to hospital services due to changing trends in the health care industry; and 3) off-site placement of the Annex would not provide the level of coordinated medical services the proposed project would provide.

I. SUMMARY

C.1. Using the Existing 14th Street Cardholder Entrance

Alternative C.1 would use the existing 14th Street cardholder entrance to the upper and lower Visitor lots and Rehabilitation lot as the access point to the proposed parking structure. Alternative C.1 would have similar traffic impacts to the proposed project. The visual impact would be different because views through the 14th Street cardholder entrance would be of the southern facade of the three-story parking structure compared to views of a paved, landscaped parking lot and the eastern facade of the parking structure. The Project Sponsor rejected Alternative C.1 at the request of the Department of City Planning.

C.2. Changes to the 14th Street Accesses to Davies Medical Center

Alternative C.2 would reduce the number of 14th Street access points to Davies Medical Center from three to two. This Alternative would reduce the visual impact of the parking structure because it could be more fully screened by landscaping. This Alternative would increase the amount of internal traffic and possibly create conflicts with emergency vehicle access at the Medical Center, as this alternative would eliminate Davies' 14th Street dedicated secondary emergency access to the Skilled Nursing Facility and Rehabilitation Center. This alternative has been rejected because the Project Sponsor believes the increased internal traffic would pose hazards to handicapped parkers and hinder emergency access to the Medical Center.

D. Change to Construction Schedule

In Alternative D, construction of the Annex would begin after Phase I of the parking structure is completed and put into operation (the lower two levels of the western half). The total project construction time would decrease

I. SUMMARY

from 23 to 20 months. For 14 days, while construction on Phase II of the parking structure and the Annex overlap, 6 trucks would make 4 round trips per day instead of 5 trucks making 4 round trips per day. Approximately 20 construction workers would be on-site during the six month overlap period and would require approximately 12 parking spaces. Six parking spaces would be provided on-site for their use. This Alternative would have the same construction parking impacts as the proposed project and would decrease the total project construction time. The Project Sponsor is currently reviewing this alternative because additional facilities are urgently needed by the community to meet the AIDS crisis.

E. Eliminate the Fourth Floor of the Annex

Alternative E would be a three-story design for the Annex with the same square footage as the proposed project. The desired space cannot be provided in a three-story building with a stepped back design without enlarging the site by elongating the building along Noe Street. This would not be possible because the rest of the Noe Street edge of the site is designated for another use in Phase II of the Hospital's IMP. This Alternative was rejected by the Project Sponsor, because the fourth floor is necessary to provide access to the Acute Hospital facilities for handicapped persons, patients and doctors, and the neighborhood preferred the stepped back design of the proposed Annex with four floors.

F. A Smaller Annex

In Alternative F a 50% smaller building than the proposed Annex would be built, four stories and 24,250 sq.ft. A smaller building would reduce some visual impacts because the building would not extend as far south along Noe

I. SUMMARY

Street. The third and fourth floors would cast similar shadows to the proposed project in the project vicinity. Traffic impacts related to the project's gross square footage would be approximately 50% less than for the proposed project. Alternative F was rejected by the Project Sponsor because a smaller Annex would restrict the Medical Center's professional growth, make it less cost-competitive with other health centers, and reduce Davies' ability to serve the health needs of the community.

G. Elimination of the Annex

In Alternative G, the parking structure would be built and the Annex would not be built. None of the projected visual or parking impacts associated with the Annex would occur. Area traffic would be expected to remain the same or decrease as a result of Alternative G because 88% of Davies' parking demand would be satisfied and vehicles coming to Davies would not circle the neighborhood searching for on-street parking. Alternative G was rejected because the Project Sponsor believes that: 1) the medical demands of the Medical Center would not be met; 2) the number of people who drive single-occupant automobiles can be reduced by improving the effectiveness of the TSM program; and 3) the construction of the parking structure, with the sole aim of satisfying the existing parking demand, would not be cost effective.

H. Reduced Size of the Parking Structure

Reduced size of the parking structure, to provide the Annex-generated demand of 76 parking spaces, would reduce the density of development at the Medical Center site compared with the proposed project and would reduce the visual impacts associated with the parking structure. The Project Sponsor has rejected a smaller parking structure because it would only accommodate the

parking demand generated by the Annex and would aggravate neighborhood parking problems.

I. Alternatives to the Noe Street Sidewalk Treatment

Alternative I identifies three possible design changes for the Noe Street sidewalk: 1) eliminating the sidewalk treatment from the project; 2) using the drop-off zone as a vehicle loading area; and 3) relocating the passenger loading zone to Duboce Avenue. The Project sponsor rejected all three possible alternative designs because access to the Annex would be too difficult for handicapped persons and traffic congestion on Noe Street and Duboce Avenue would be greater than with the proposed project.

J. Larger Parking Structure

Alternative J would build the parking structure large enough to satisfy the existing parking demand of 556 spaces at the Medical Center. The parking structure would add one story (two levels) and would be approximately nine ft. taller than the proposed parking structure. A parking structure of this size would emphasize the visual impacts along 14th and Castro Streets and would be visible to Castro Street Residents. This parking structure would have greater traffic impacts on area intersections because of the increase in traffic driving to the parking structure. The Project Sponsor rejected this Alternative because it believes that a larger parking structure is less desirable than improved TSM, and larger buildings would be expected to be unacceptable to the neighborhood.

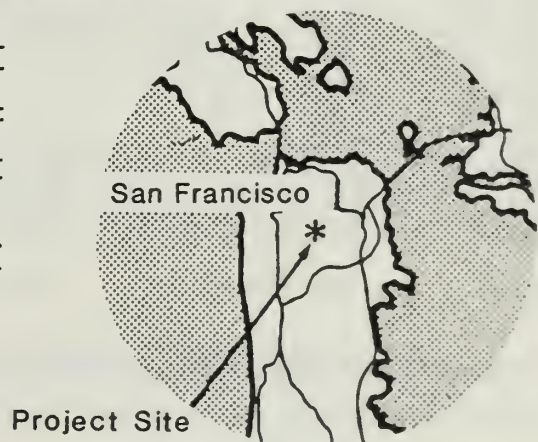
CHAPTER II. PROJECT DESCRIPTION

II.A. OBJECTIVES OF THE PROJECT SPONSOR

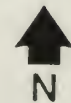
Davies Medical Center proposes the construction of a four-story, 48,500 sq.ft. Medical Center Annex Building at the corner of Duboce Avenue and Noe Street and a three-story, 294-space parking structure (in two tri-level sections) at the corner of Castro and 14th Streets with entrances from the main Davies driveway and from 14th Street. The Project Sponsor's objective is to provide increased clinical and office space to relieve overcrowding at the Medical Center and to meet the increasing medical demands of the Davies Medical Center staff and service community. Davies Medical Center seeks to accommodate parking demand from the Medical Center Annex building, parking spaces displaced by the Medical Center Annex, and vehicular overflow from the Medical Center that now impinges upon neighborhood streets. The Project Architect is Silver and Ziskind, a New York-based architectural firm with an office in San Francisco.

II.B. PROJECT LOCATION

Davies Medical Center is located in the Duboce Triangle Neighborhood of San Francisco, on the eastern slope of Buena Vista Hill. The Medical Center occupies all of Assessor's Block 3539 which is bounded by Duboce Avenue to the north, Castro Street to the west, 14th Street to the south and Noe Street to the east (see Figure 1, page 11). North of the Medical Center are Duboce Park and the eastern end of the Sunset Tunnel, a principal transit corridor linking downtown with the Sunset district. The approximately 15,000 sq.ft. site for the proposed Medical Center Annex is at the northeast corner of the campus and



Davies Medical Center



Not To Scale

Figure 1. Site Location

SOURCE: San Francisco Dept. of City Planning & Bendix Environmental Research, Inc.

II. PROJECT DESCRIPTION

the approximately 33,600 sq.ft. site for the proposed parking structure is at the southwest corner of the campus.

Both project sites are paved parking lots with landscaped perimeters and some internal landscaped areas. No demolition of buildings would be required. Both sites are zoned RH-3 (Residential, House, Three-Family) and are in a 65-D Height and Bulk District.

Davies Medical Center is not in the area of San Francisco where evaluation of the site for toxic contamination under the Maher Ordinance¹ is required.

II.C. PROJECT DESCRIPTION

The Annex

Davies Medical Center proposes the construction of a 48,500 sq.ft., four-story Medical Center Annex building (hereafter, Annex) at the corner of Duboce and Noe Streets at the northeast corner of the Medical Center campus (see Figures 2 to 4, pages 13 to 15, for proposed site plan and elevations). The site is a 54-parking space section of the existing Employees parking lot. The site is approximately 160 ft. above sea level and gradually slopes down to the south along Noe Street.

The proposed Annex would be set back 9 ft. from the property line on Duboce Avenue and 15 ft. from the property line on Noe Street. The Annex would rise to a maximum of 55 ft. above Noe Street and 39 ft. above Duboce Avenue. The first and second floors of the Annex would comprise the bulk of the building and would be 244 ft. long, 61 ft. wide and 27 ft. high. At the north and south ends of the Annex there would be two-story, 10 ft. by 15 ft. open stairwells

¹ San Francisco Municipal Code, Part II, Chapter 10, Article 20, § 1001 (a).

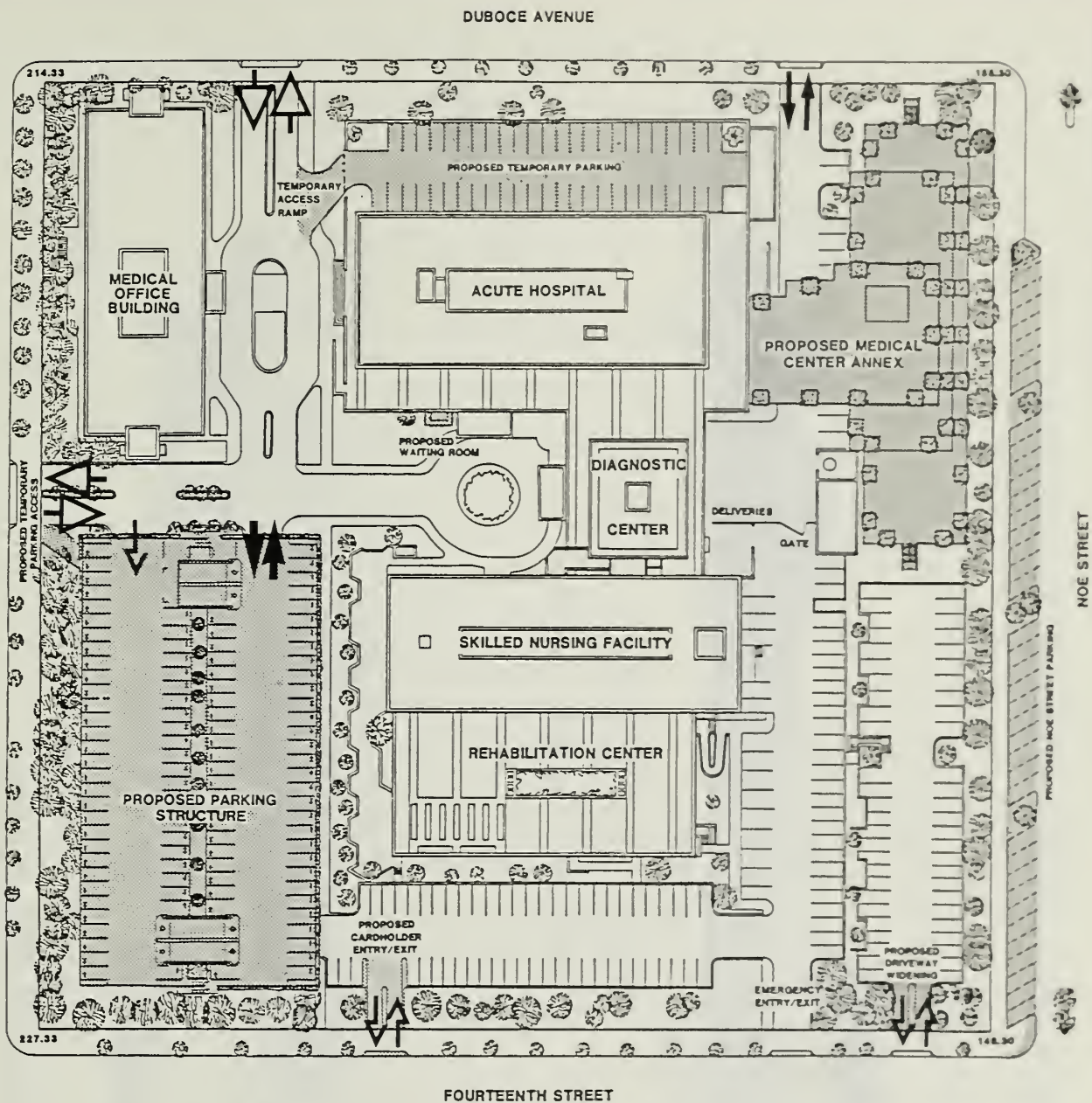
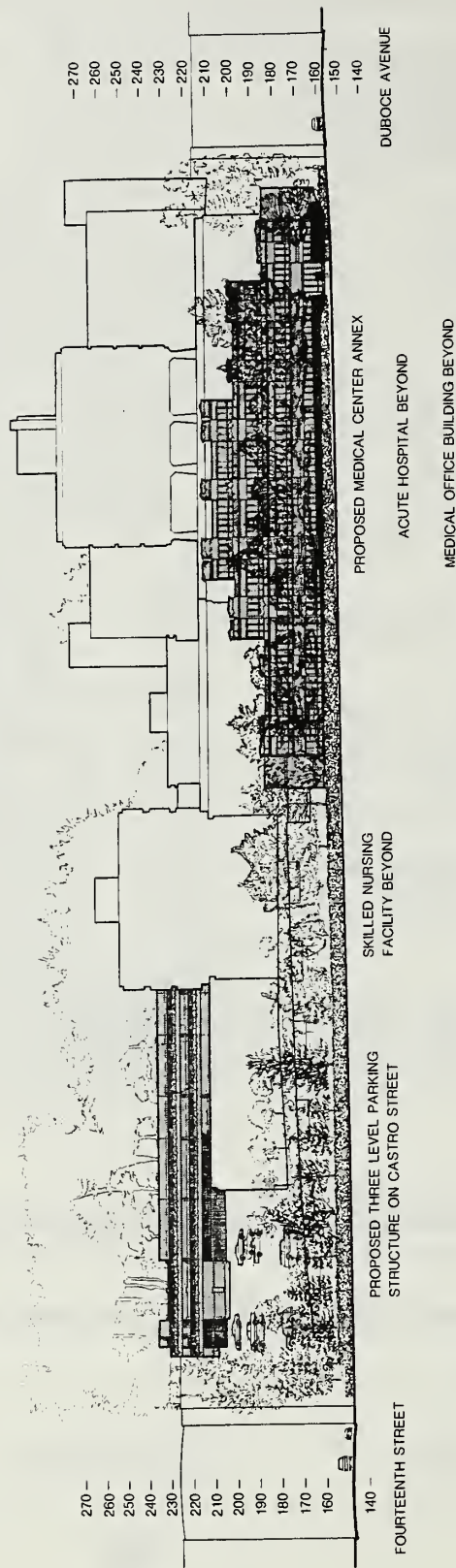


Figure 2. Proposed Site Plan

-  Main Entrance/Exit to Davies (uncontrolled)
-  Uncontrolled Entry/Exit
-  Cardholder Entry/Exit
-  Pay Lot Entry/Exit (Guard)



SOURCE: Silver & Ziskind Architects and Bendix Environmental Research, Inc.



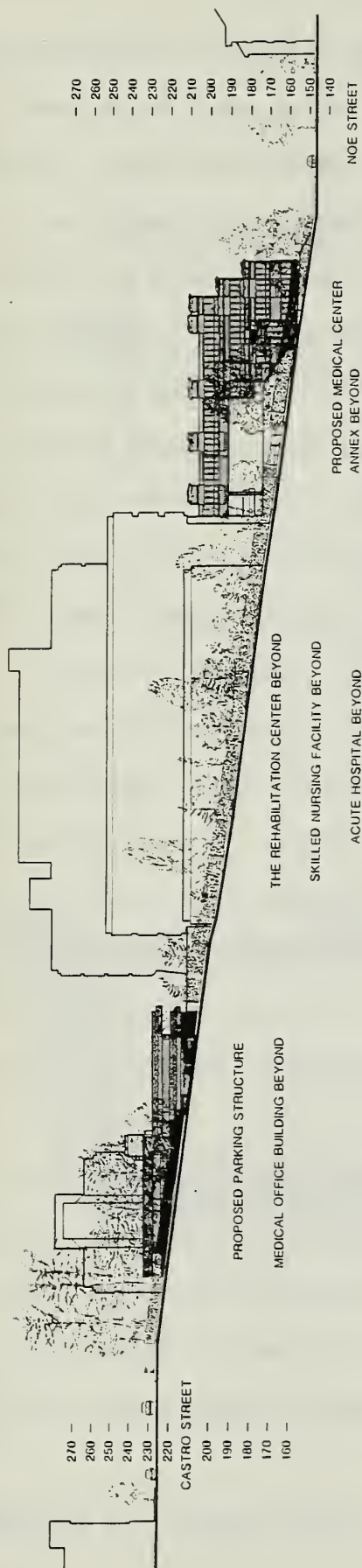
ELEVATION ALONG NOE STREET LOOKING WEST



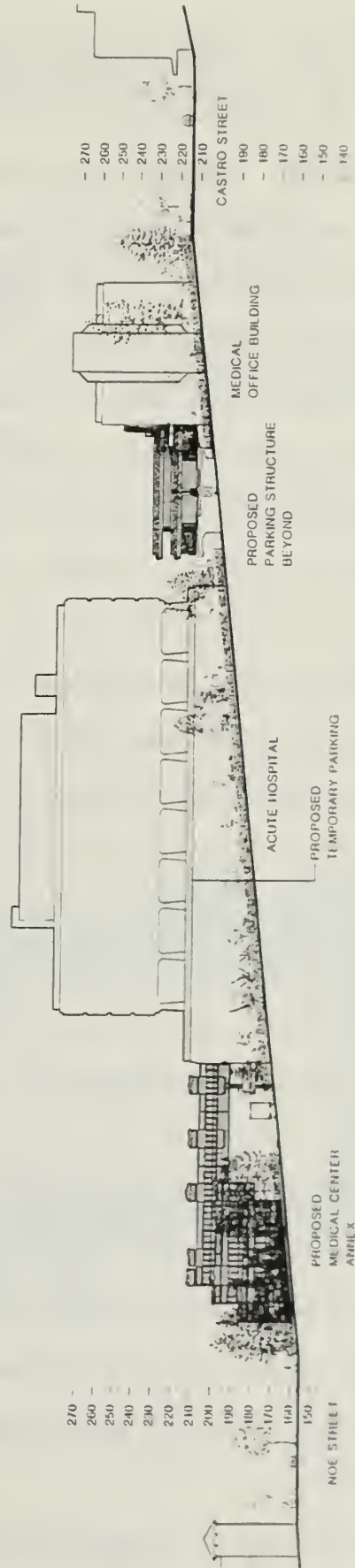
ELEVATION OF RESIDENCES ACROSS NOE STREET



Figure 3. Noe Street Elevations



ELEVATION ALONG FOURTEENTH STREET LOOKING NORTH



ELEVATION ALONG DUBOCE AVENUE LOOKING SOUTH

Figure 4. 14th Street and Duboce Avenue Elevations

SOURCE: Silver & Ziskind Architects

II. PROJECT DESCRIPTION

for exit only. The stairwells would make the overall length of the building 274 ft. The third and fourth floor facades on Noe Street would be set-back 8 ft. and 16 ft., respectively, from the first and second floor base. These setbacks would be designed to break-up the lower floors and to avoid casting shadows on Duboce Park, to the north of the project site. The third floor would be 163 ft. long and 61 ft. wide. The fourth floor would be 82 ft. long and 110 ft. wide. The fourth floor would extend approximately 70 ft. beyond the western edge of the Annex's base to link to Level A of the existing Acute Hospital. Three free-standing columns would support the west end of the fourth floor link to the Acute Hospital. Figures 5 and 6, pages 17 and 18, show floor plans for the proposed Annex. Most of the existing landscaping along Noe Street and Duboce Avenue would be retained. (See Initial Study, pages A-26 to A-28.)

The proposed Annex would contain 25,000 sq.ft. of medical office space for physicians and up to 23,500 sq.ft. of patient support space, some of which would qualify as office space under Planning Code § 320(f). There would be no licensed patient beds. Table 1, page 19, outlines proposed uses in the Annex.

Access to the Annex would be from the existing Acute Hospital through the fourth floor link and from the passenger drop-off zone on Noe Street. The primary access to the Annex would be from the Acute Hospital through the fourth floor link. This would be the most direct access for visitors, patients, etc., who park in the parking structure, as well as for doctors who need to move from one area of the Medical Center to another. Patients being dropped off or arriving by public transportation could access the Annex through the Noe Street entrance. Deliveries to the Annex would be made at the back of the building, at level two. Figures 5 and 6, pages 17 and 18, show the access points to the proposed Annex.

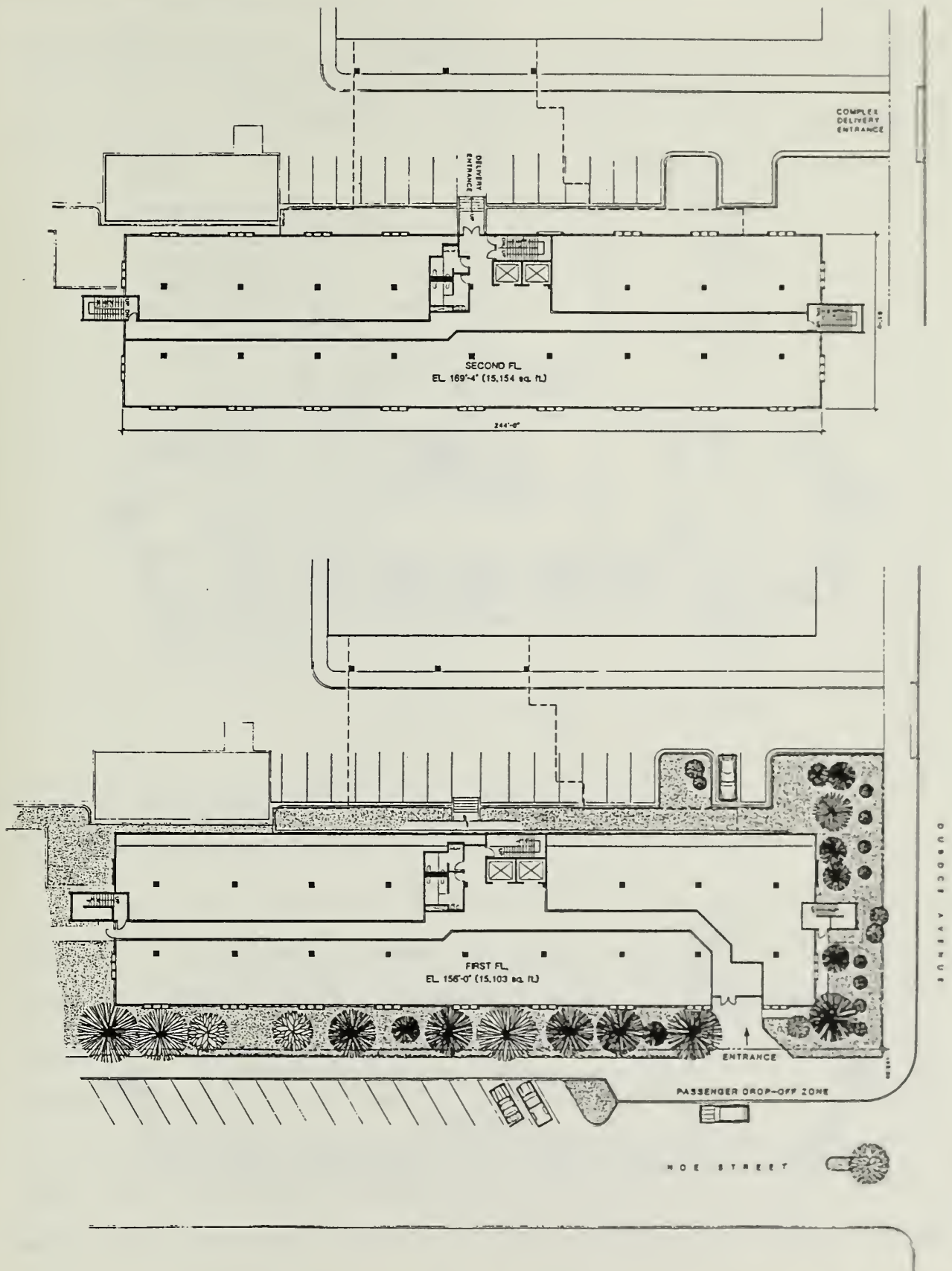


Figure 5. Annex First & Second Floor Plans

0 20 40
Scale feet



SOURCE: Silver & Ziskind Architects

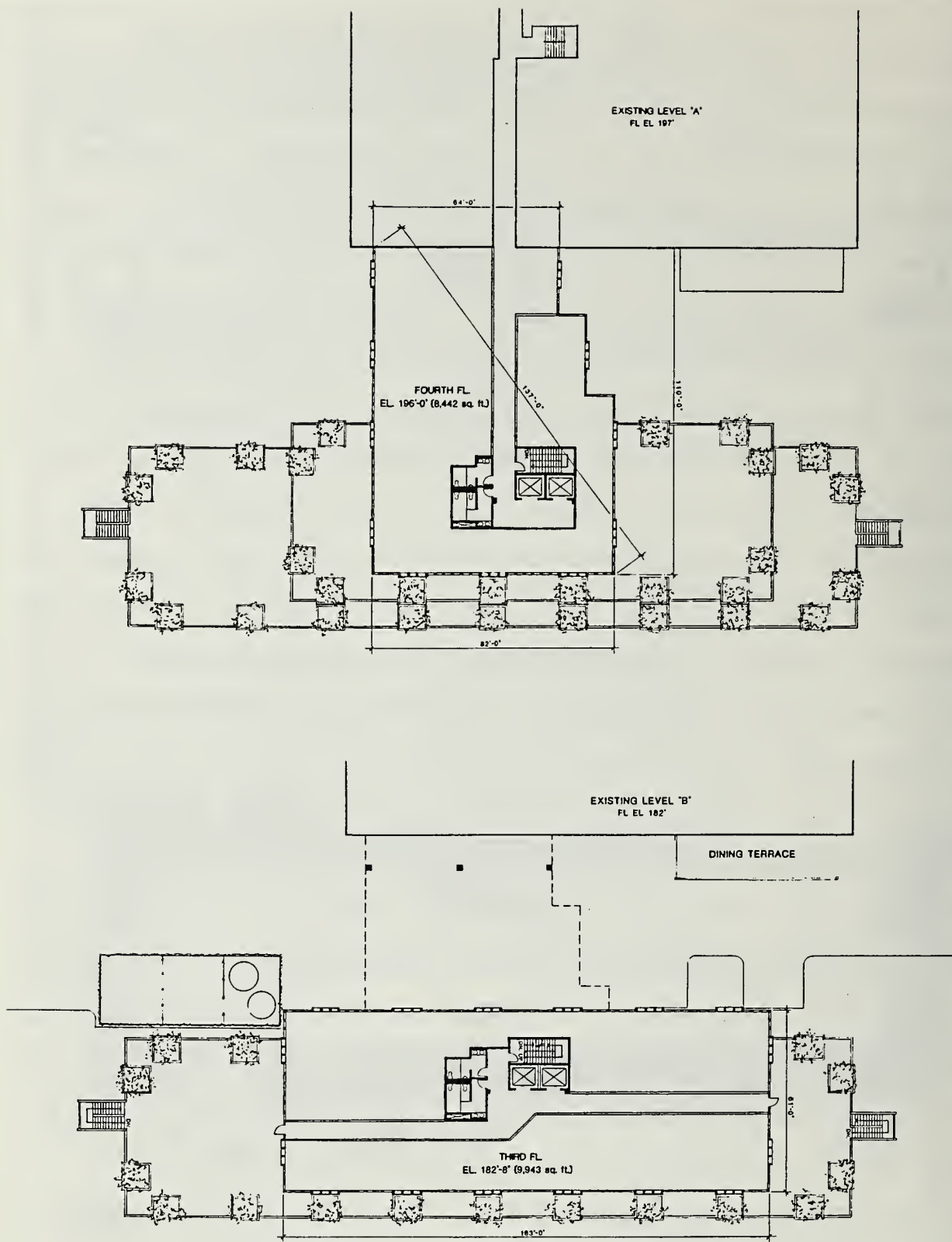


Figure 6. Annex Third & Fourth Floor Plans

0 20 40
scale feet



SOURCE: Silver & Ziskind Architects

II. PROJECT DESCRIPTION

Table 1. Uses in the Medical Center Annex

<u>Use</u>	<u>Area (sq.ft.)</u>
Medical Office Space	25,000
Data Processing	1,500
Accounting	2,000
Laboratory Area	2,500
Health Check Dept. (out-patient clinic)	3,500
In-Service Education Dept. (on-going training for nurses)	1,500
Social Services Dept. (in- & out-patient counseling)	1,500
Discharge Planning (in-patient counseling)	500
HIV Research and Treatment Institute (out-patient)	2,000
Surgery Waiting (in- & out-patient family waiting)	400
Intensive Care Unit Waiting	400
Physician Overnight Sleep Rooms	1,000
General Storage	3,000
Circulation and Elevators	3,700
Total sq.ft. of Annex	48,500

Source: Davies Medical Center

The exterior walls and bay windows of the Annex would be concrete to match the existing medical center buildings. The support columns of the exterior walls, which would protrude approximately six inches from the facade, would create bays. Windows on every floor would be set into these bays. Concrete planting containers would be above each bay, at roof level. The plants are intended to soften the edges of the facade and roof line.² The windows, doors and railings would be made of anodized aluminum (dark bronze color) to match the existing medical center buildings, with some accent sashes in white.

² James Tustin, Project Architect, Silver & Ziskind; written communication to Bendix Environmental Research, Inc., October 31, 1989.

II. PROJECT DESCRIPTION

Transparent, translucent glass and Solex glass would be used on the second through fourth floors to provide interior privacy, sun control and aesthetic interest to the exterior.

The Parking Structure

The Project Sponsor proposes construction of a 100,600 sq.ft., three-story, 294-space parking structure on the southwest corner of the Davies Medical Center Campus. The parking structure would be set back 28 ft. from Castro and 23 ft. from 14th Street. Vehicle entrances and exits would be on 14th Street about 50 ft. east of the existing driveway and at the hospital driveway off Castro Street. The parking structure footprint would be approximately 33,500 sq.ft. It would displace 98 parking spaces on the existing paved surface parking lot on the site. Allowing for the loss of 59 parking spaces at the Annex site, the parking structure would provide a net increase of 137 parking spaces at Davies Medical Center.

The site for the proposed parking structure is nearly level and at an elevation of approximately 220 ft. above sea level.³ The parking lot surface ranges from 6 to 14 ft. below the Castro Street level with the street gradually sloping down to the north at about a 3% grade. The existing slope of the lot would not be changed for the ground floor of the parking structure. The floors above the ground floor would be level.

Parking levels 1 through 4, of the first two stories of the parking structure, would be open at the sides and levels 5 and 6 of the third story would be open, without a roof. The maximum elevation of the structure would be about 30 ft. above grade, with approximately one-half of the mass of the structure below street level at Castro Street. Three and a half foot tall bar-

³ The lot slopes down to the south at about a 7% grade.

II. PROJECT DESCRIPTION

riers would be built around the perimeter at each level of the parking structure, as required by San Francisco Building Code § 709(m). The parking structure would be nine to 15 ft. above street level along Castro Street⁴ and nine to 30 ft. above street level along 14th Street.⁵ The parking structure would be set back 28 ft. from Castro Street and 23 ft. from 14th Street. Vehicle access would be at the hospital driveway off Castro Street and at 14th street. Figures 7 and 8, pages 22 and 23, show floor plans and elevations for the parking structure. Additional elevations are shown in Figures 3 and 4, pages 14 and 15.

The parking structure would be made of concrete and would be similar in design to the Annex and other Medical Center buildings. Along the northern, eastern, and southern facades of parking levels 3 through 6 there would be planting containers which would be intended by the architect to soften the bulk of the structure.

Davies Medical Center proposes nighttime use of the parking structure by the neighborhood from 6:00 p.m. to 7:00 a.m. during the entire week. Davies would examine the feasibility of expanding these hours beyond 6:00 p.m. to 7:00 a.m. depending on supply and demand evidence. Initially, 20 parking stalls would be available to neighbors.

In order to maximize parking on-site for Davies employees, patients, doctors and visitors, the parking facility would have to meet their needs first. Therefore, Davies intends to designate 82 parking spaces within the proposed garage exclusively for use by Davies personnel. If the demands of the Center are met, and if additional "off hour parking" could be accommodated, extension

⁴ The range is due to the 3% slope of Castro Street, sloping downwards to the north from 14th Street to Duboce Avenue.

⁵ The range is due to the 14% slope of 14th Street, sloping downwards east from Castro Street to Noe Street.

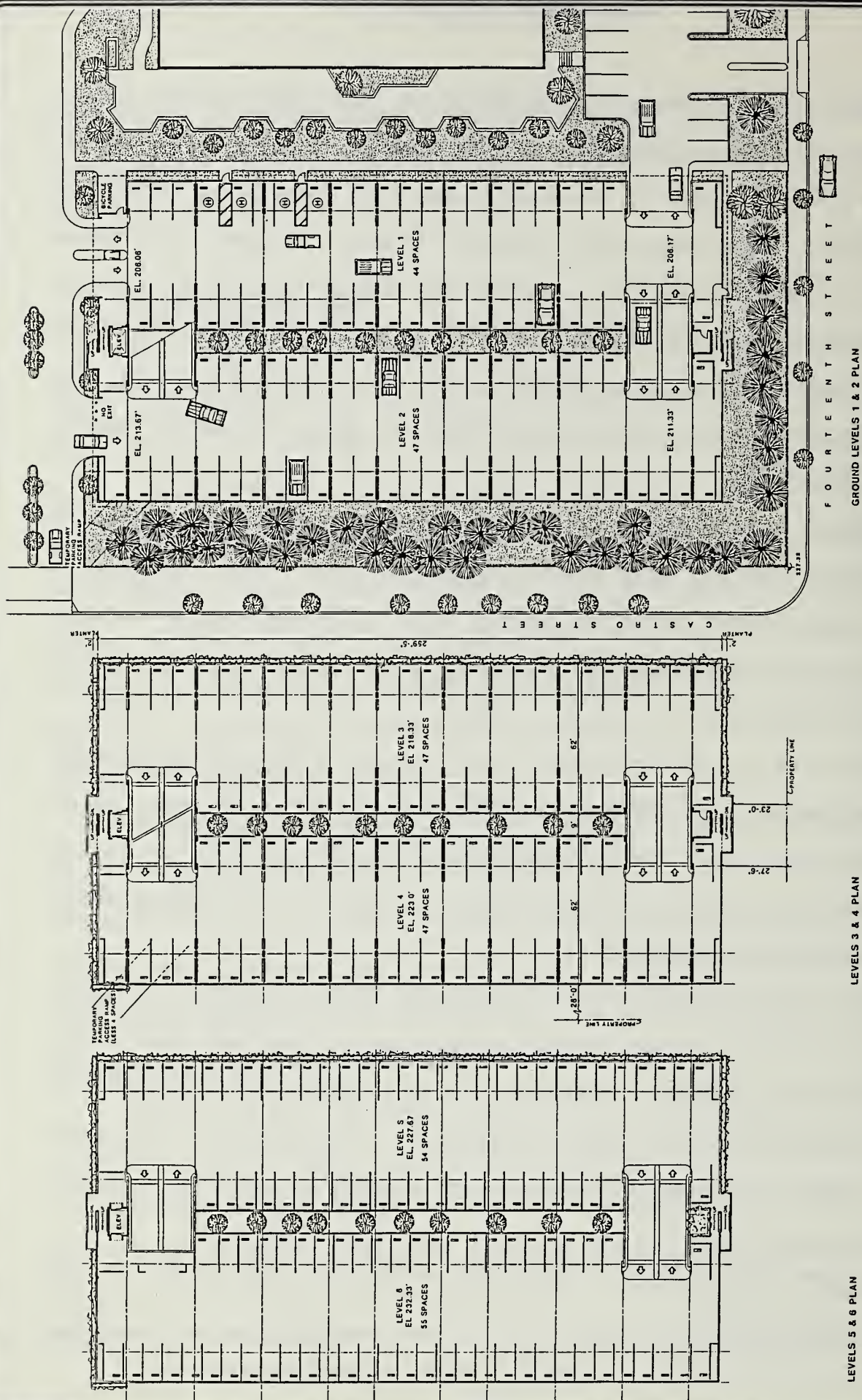
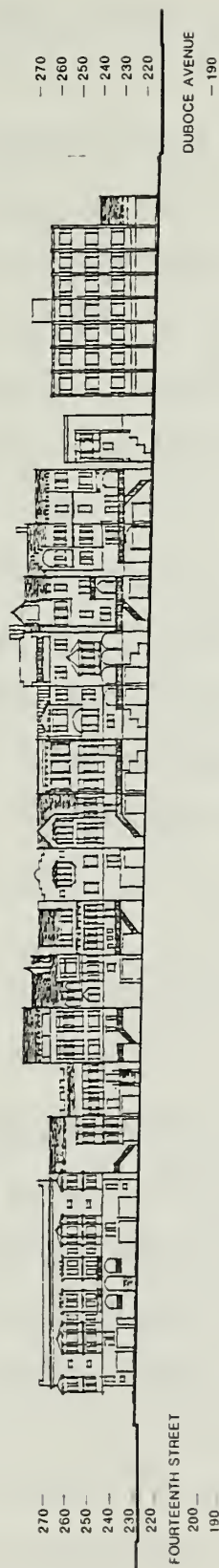


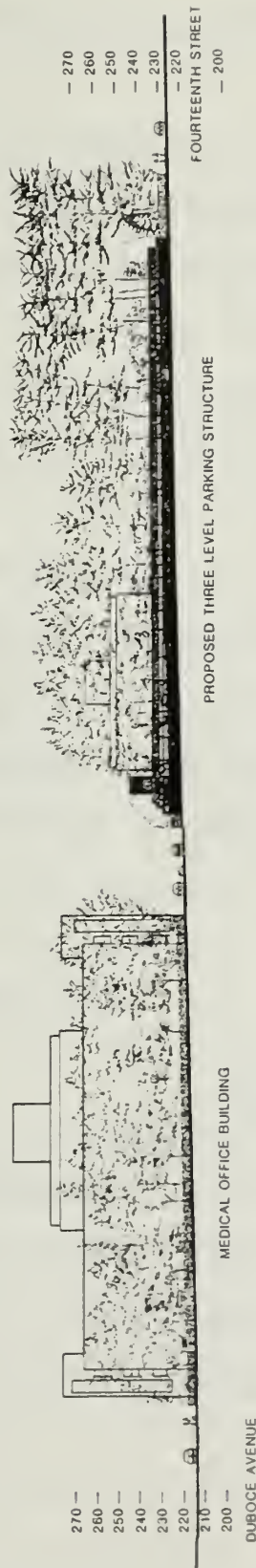
Figure 7. Parking Structure Floor Plans



0 20 40
feet



ELEVATION OF RESIDENCES ACROSS CASTRO STREET



PROPOSED THREE LEVEL PARKING STRUCTURE

ELEVATION ALONG CASTRO STREET LOOKING EAST



Figure 8. Castro Street Elevations

II. PROJECT DESCRIPTION

of more or all of the "off hour parking" to 5:30 p.m. to 8:00 a.m. may be feasible.

Residents interested in "off hour parking" would pay a semi-annual use fee. If the resident terminated the parking use, a prorated amount of the semi-annual fee would be reimbursed. The parking fee would be based on a proposed monthly rate of \$30.00 per month and a parking card deposit of \$20.00. Additional unused stalls would be available for single night use at \$1.00 per night. The proposed rate is based on the current estimated construction cost and security program costs.⁶

The parking fee would be for one car only and a permit would be issued to a specific car. The resident would be issued an "off hour parking" sticker and a magnetic parking card that would allow the card holder to enter and exit during the off hours. Cars which remained in the lot after the "off hour parking" time would be charged for the additional hours at the public hourly rate. Repeated infractions of parking beyond the "off hour parking" times would result in the termination of the individual's parking privileges.

Additional Components

The Project Sponsor proposes to move the existing cardholder entrance on 14th Street (near Castro Street) approximately 50 ft. to the east to access the proposed parking structure. The Project Sponsor also proposes to widen the other existing cardholder entrance on 14th Street (near Noe Street) by two to six ft. to accommodate use of this access for both entry and exit to the Employee lot.

⁶ Greg Monardo, President, Davies Medical Center; written communication to Melissa Duryea, Bendix Environmental Research, Inc., November 19, 1990.

II. PROJECT DESCRIPTION

Davies also proposes a Noe Street sidewalk treatment which would include narrowing the existing sidewalk from 15ft. 9in. to 8ft. 3in. and conversion from parallel to diagonal parking. This treatment would add 10 new parking spaces along Noe Street and a wheelchair accessible passenger drop-off zone next to the Annex entrance (see Figure 5, page 17). An elevator in the Annex and the attachment of the fourth floor of the Annex to the Acute Hospital would facilitate wheelchair access from this entrance (which is down from the N-Judah MUNI stop) to the Acute Hospital. In response to neighborhood concern, trees, planting bays, benches and brick paving would be included in the sidewalk design and placed so as not to affect passage.

In addition, the Project Sponsor proposes to build a 240 sq.ft. Acute Hospital waiting room, partially below grade, with access to the centrally located ambulance turn-around, for emergency patients. The waiting room would be adjacent to the Emergency Department at the southern edge of the hospital (see Figure 2, page 13).

Interim Construction Characteristics

During construction of the parking structure, 49 temporary parking spaces would be provided for employee use on the deck of the Acute Hospital. A temporary ramp would be built at the west side of the Acute Hospital, north of the Hospital's main entrance, and would provide vehicle access to the temporary lot (see Figure 2, page 13). Once the temporary parking access was ready, the uphill (towards Castro) half of the existing Castro and 14th Street parking lot would be closed for parking while half of the proposed parking structure was built on that segment. On completion of this half of the parking structure, a temporary ramp, approximately 12 ft. wide and 35 ft. long, would be built from the Castro Street Medical Center entrance to the second parking level of the

II. PROJECT DESCRIPTION

new structure (see Figure 2, page 13). This temporary ramp would permit the use of two levels of parking during construction of the second half of the parking structure.

II.D. PROJECT APPROVAL, SCHEDULE AND COSTS

II.D.1. Project Approval

Institutions such as Davies Medical Center are required to have Institutional Master Plans (IMPs) pursuant to Planning Code § 304.5. An IMP must describe an institution's existing and future services and buildings, the people it serves, its employment policies, its history, nearby traffic and parking patterns, physical changes in the surrounding neighborhood, the institution's development plans over a future period of at least ten years and conformity of those plans with the Master Plan of the City and County of San Francisco. The Planning Commission held a public hearing on the Davies Medical Center IMP on February 23, 1989. The IMP hearing is an informational hearing only, and does not require that any action be taken by the Planning Commission. A minimum of six months must pass before the Planning Commission may take action to approve any project which implements the IMP. The Annex, parking structure, enlarged waiting room, and narrowing of the Noe Street sidewalk to permit diagonal parking are presented as Phase I development in the Davies Medical Center IMP.⁷

Following the public hearing on the Draft EIR for this project before the City Planning Commission, responses to written and oral comments will be prepared; this EIR will be revised accordingly and presented to the City Planning Commission for certification as to accuracy, objectivity and adequacy. No permits may be issued before the Final EIR is certified.

⁷ Copies of the *Davies Medical Center Institutional Master Plan, 1989 -1999*, 1989, are available for public review in the case file at the Department of City Planning, 450 McAllister Street, San Francisco.

II. PROJECT DESCRIPTION

The proposed project would require Conditional Use authorization from the City Planning Commission under Planning Code § 209.3, which permits medical institutions (including medical offices, clinics and laboratories) as a conditional use in RH-3 Districts. The project would be reviewed by the Planning Commission under Planning Code § 304 as a Planned Unit Development.⁸

The project would also require Planning Commission approval under § 321(b)4, the Office Development Limitation Program, Reserve for Smaller Buildings, for buildings with total new office space between 25,000 and 50,000 sq.ft. Additionally, Proposition M, the Accountable Planning Initiative, established eight Priority Policies which the Planning Commission must take into consideration as part of its evaluation. These policies are: preservation and enhancement of neighborhood-serving retail uses; protection of neighborhood character; preservation and enhancement of affordable housing; discouragement of commuter automobiles to protect neighborhood parking and impediments to public transportation; protection of industrial and service land uses from commercial office development, and enhancement of resident employment and business ownership; earthquake preparedness; landmark and historic building preservation; and protection of open space including access to sunlight and views. Prior to issuing a permit for any project which requires an Initial Study under CEQA or adopting any zoning ordinance or development agreement, the City is required to find that the proposed project is consistent with the Priority Policies. The City Planning Commission, in its decision regarding the proposed project approval or disapproval, would make a determination of the project's conformance with the Priority Policies.

⁸ A Planned Unit Development is a type of Conditional Use application for project sites which exceed one half acre.

II. PROJECT DESCRIPTION

In addition to City Planning Commission approval, the project would require construction permits from the Bureau of Building Inspection of the Department of Public Works and from the Office of Statewide Health, Planning and Development. Moving the 14th Street cardholder entrance approximately 50 ft. farther east as well as narrowing the Noe Street sidewalk and changing from parallel to diagonal parking on the west side of Noe Street would require approval from the Department of Public Works and the Department of Parking and Traffic, and must be reviewed by the Interdepartmental Staff Committee on Traffic and Transportation and the Board of Supervisors.

II.D.2. Project Schedule and Costs

The Project Sponsor expects environmental review, project review, and detailed design to be completed in Summer 1991. The Architect estimates that project construction would take about 30 months. The parking structure would be built first, taking about 12 months, and would be followed by construction of the Annex, taking about 18 months (see Table 2, page 29).

The widening of the existing 14th Street entrance to the Employees lot would take about two weeks and would be completed before the beginning of Annex construction. The Noe Street conversion of parallel parking to diagonal parking would take about two months and would take place during the Annex phase of construction.

Total construction costs could be about \$10,000,000 in 1989 dollars. Use of the parking structure would begin in mid-1992, occupation of the Annex could begin in mid-1993.

II. PROJECT DESCRIPTION

Table 2. Construction Schedule

	<u>Medical Center Annex</u>	<u>Parking Structure</u>
Ground Clearing	2 weeks	2 weeks
Excavation	3 weeks	3 weeks
Foundation Preparation	12 weeks	9 weeks
Structural Work	35 weeks	30 weeks
Exterior Finishing	12 weeks	8 weeks
Interior Finishing	14 weeks ¹	N/A
Total:	78 weeks (18 months)	52 weeks (12 months)

¹ Total time for interior finishing would depend on the use of the space and the amount of space to be leased.

Source: James Tustin, Project Architect, Silver & Ziskind.

CHAPTER III. ENVIRONMENTAL SETTING

III.A. LAND USE AND ZONING

III.A.1. LAND USE

Davies Medical Center occupies a 7.2 acre city block, sloping uphill from Noe Street to Castro Street between Duboce Avenue and 14th Street. There are five concrete buildings which are linked together by open plazas at the lobby level. Surface parking areas at five levels surround the buildings; each area is separated from the others by planting strips. There is a peripheral planting area, ranging from 15 to 30 ft. wide and 3 to 7 ft. tall, encircling the block. Figure 9, page 31, shows the existing site plan for Davies Medical Center.

The neighborhood surrounding Davies Medical Center is predominantly residential with low to medium density uses (single family homes to apartment houses of up to nine units). Twenty-four of the residential structures opposite the Medical Center have no off-street parking. Immediately north of the medical center, across Duboce Avenue, is Duboce Park. Other neighboring land uses include several small service-oriented stores, the First Christian Church on the corner of Duboce Avenue and Noe Street, a community center (The Harvey Milk Center for Recreational Arts) across Duboce Avenue in Duboce Park, and the McKinley Elementary School at the southwest corner of 14th and Castro Streets. Nearby at Duboce and Market is a Safeway and the U.S. Mint.

III.A.2. ZONING

The site and the area immediately east and south of the Medical Center are zoned RH-3 (Residential, House, Three Family). West of the site is a RM-1

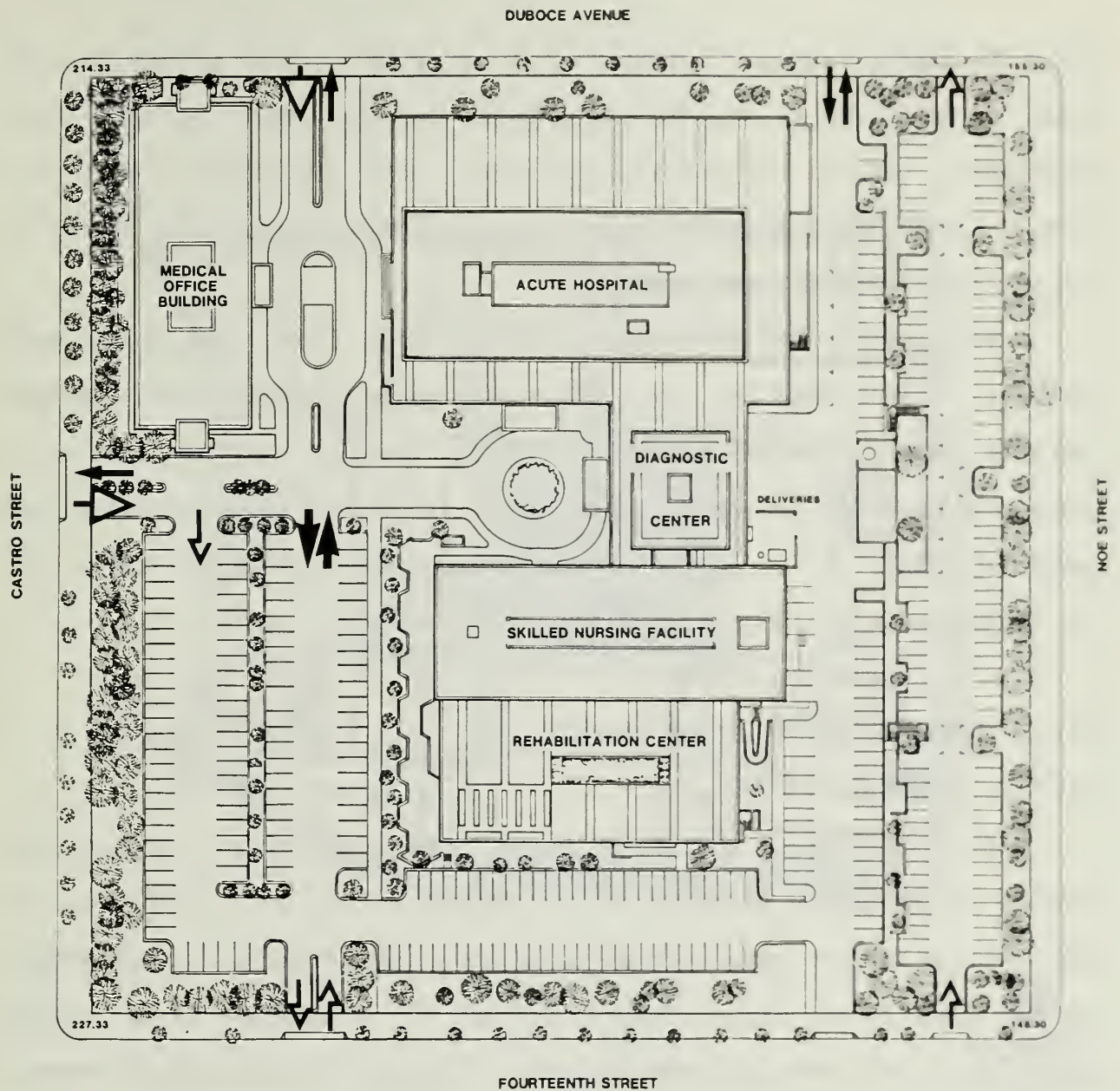


Figure 9. Existing Site Plan

-  Principal Entrance to Medical Center
-  Uncontrolled Entry/Exit
-  Cardholder Entry/Exit
-  Pay Lot Entry/Exit (Guard)

graphic scale feet



SOURCE: Silver & Ziskind Architects and Bendix Environmental Research, Inc.

III. ENVIRONMENTAL SETTING

strip (Residential, Mixed, Low Density). Duboce Park, north of the site, is zoned P (Public Use). In the vicinity of the site are areas zoned RH-2 (Residential, House, Two Family) (13.9 acres), RH-3 (46.2 acres), RM-1 (9.3 acres), and P (Public Use) (8.7 acres). See Figure 10, page 33, for zoning in the vicinity of the project sites.

The majority of the project site is within a 65-D Height and Bulk District. A portion of the site along Duboce Avenue is within a 130-E Height and Bulk District. The Acute Hospital building is within the 130-E portion of the site. The height of the Acute Hospital at its maximum point (including the penthouse) is 84 ft. See Figure 11, page 34, for height and bulk districts in the project area.

III.B. URBAN DESIGN AND VISUAL QUALITY

III.B.1. URBAN DESIGN

The buildings on the Davies Medical Center campus are concrete and similar in design and materials to one another. They are institutional in character and massive compared to the buildings in the surrounding neighborhood. The buildings across Castro, Duboce, Noe and 14th Streets are 1- to 3-story houses and 6- to 9-unit apartment buildings. The houses are designed primarily in a Victorian style and are characterized by pastel colors, elaborate decorative moldings and bay windows.

III.B.2. VISUAL QUALITY

From parts of Davies Medical Center and the surrounding neighborhood, there are panoramic views of Downtown San Francisco, the Mission District, the Bay and Mt. Diablo (see Figure 12, page 35).

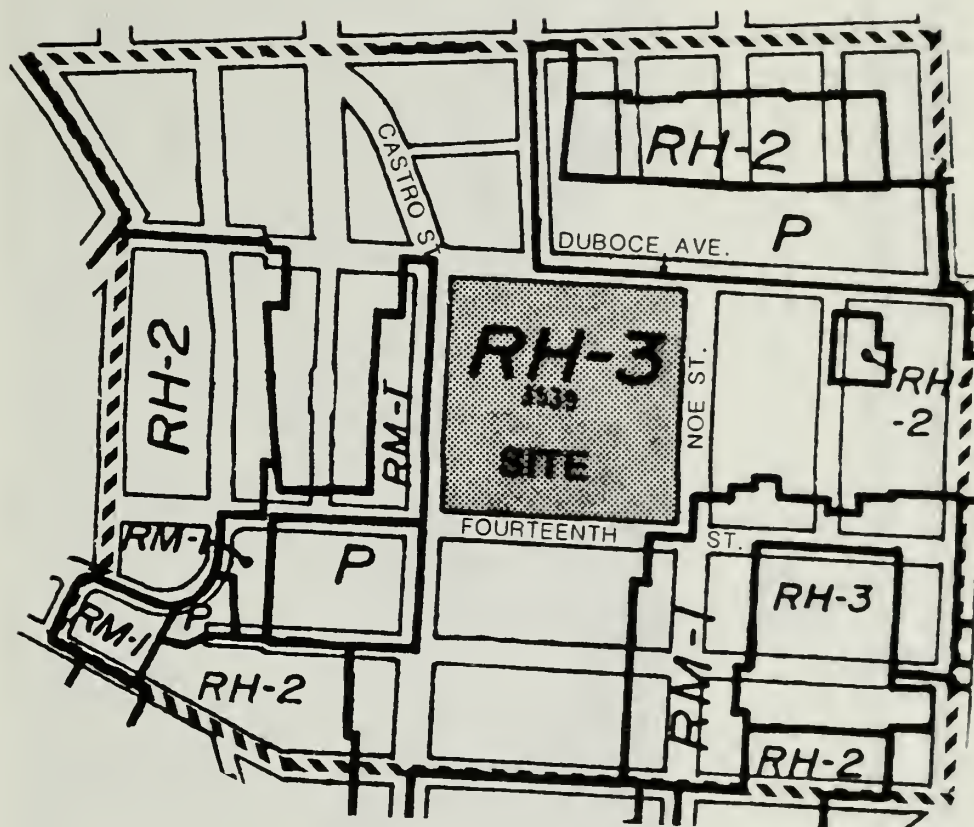


Figure 10. Zoning Use District Map

TOTAL AREA (Bounded by )	= 78.1 Acres (100%)
RM-1 Residential, Mixed, Low Density	= 9.3 Acres (12%)
RH-2 Residential, House, Two Family	= 13.9 Acres (18%)
RH-3 Residential, House, Three Family	= 46.2 Acres (59%)
P Public Use	= 8.7 Acres (11%)

Source: City Planning Code and Bendix Environmental Research, Inc.

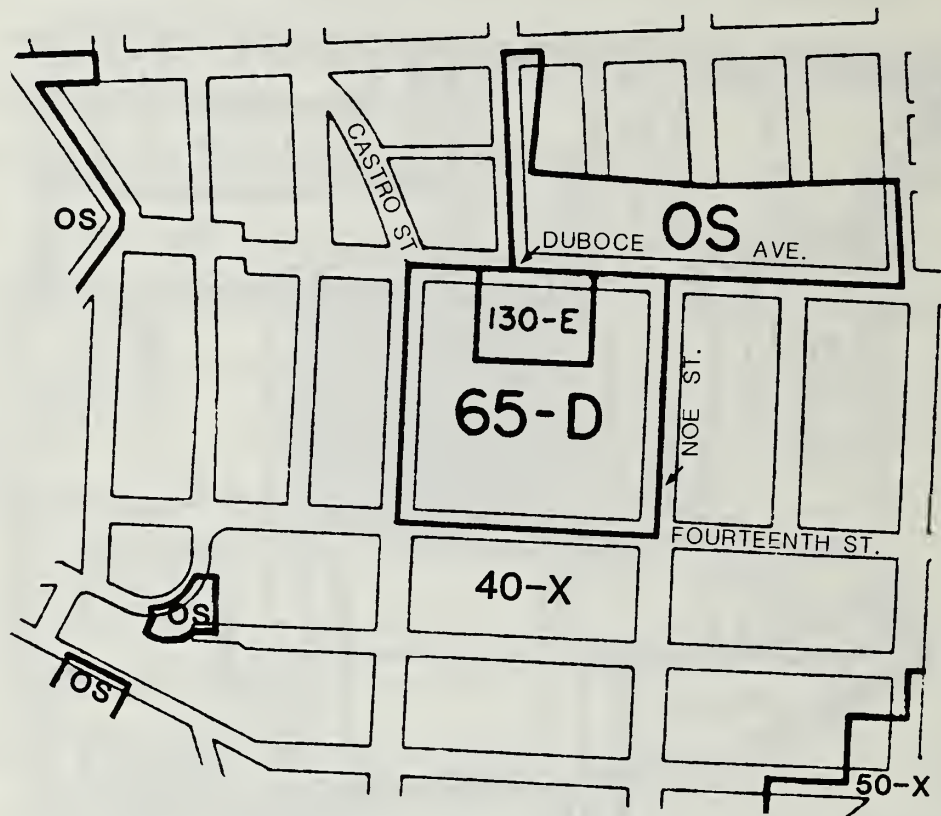


Figure 11. Height and Bulk Districts

OS	Open Space (Governed by Section 290 of the Planning Code)
40-X	40 ft. Height Limit
50-X	50 ft. Height Limit
65-D	65 ft. Height Limit (At heights of 40' or greater, maximum building dimensions = 110' in length and 140' diagonally.)
130-E	130 ft. Height Limit (At heights of 65' or greater, maximum building dimensions = 110' in length and 140' diagonally.)

Source: City Planning Code & Bendix Environmental Research, Inc.



Figure 12. View of Downtown From Davies Medical Center

SOURCE: Bendix Environmental Research, Inc.

III. ENVIRONMENTAL SETTING

The site of the proposed Annex, a parking lot at the northeast corner of the campus, is presently partially visible to residents on Noe Street. Screening of the site is provided by the trees that line the Noe Street side of Davies Medical Center. Residents on 14th Street, across the street from the existing entrance to the Employees parking lot, can see the parking lot site for the proposed Annex. Residents across Duboce Park to the north, on Carmelita, Pierce and Potomac Streets (see Figure 2, page 13) have views of the Annex site. The Annex site is most visible from Duboce Park and Duboce Avenue, with partial screening provided by landscaping (see Figures 13 and 14, pages 37 and 38).

The site for the proposed parking structure, at the southwest corner of the campus, is lined by trees along Castro Street. These trees screen most views of the Bay and downtown from Castro Street pedestrians (see Figure 15, page 39). Along 14th Street, residents facing the Medical Center have views of the site of the proposed parking structure which are partially blocked by existing trees (see Figure 16, page 40). Views of the parking structure site from Duboce Park are completely blocked by the Acute Hospital, the Medical Office Building and the planting strips. Along the western half of Duboce Avenue, the project site can be seen through the corridor separating the existing Acute Hospital and the Medical Office Building.

III.C. SHADOWS

The Acute Hospital, Medical Office Building and Skilled Nursing Facility on the Davies Medical Center campus cast shadows on streets and sidewalks in the project vicinity and on the proposed Annex site. The Acute Hospital and

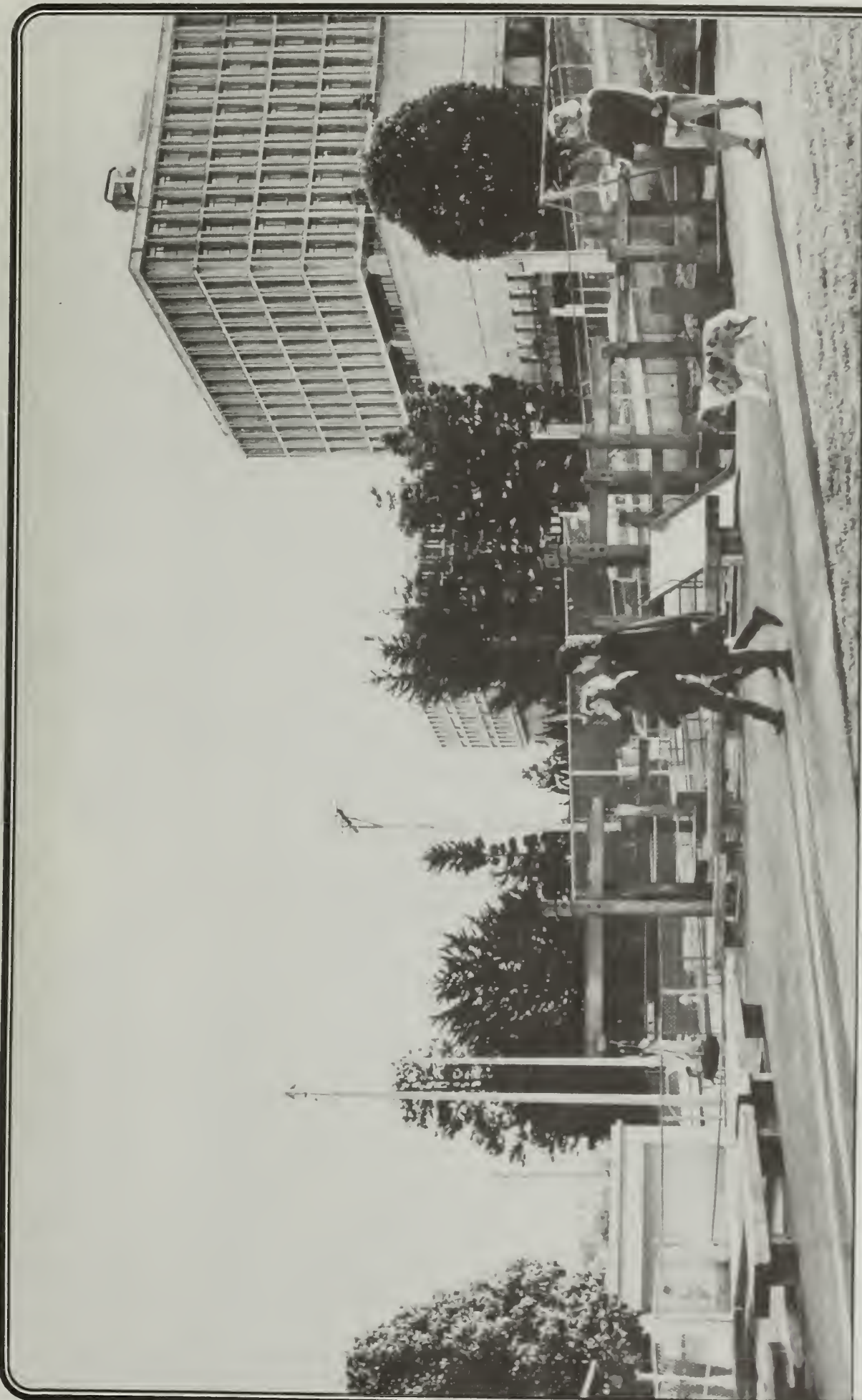


Figure 13. View of Annex Site from Duboce Park

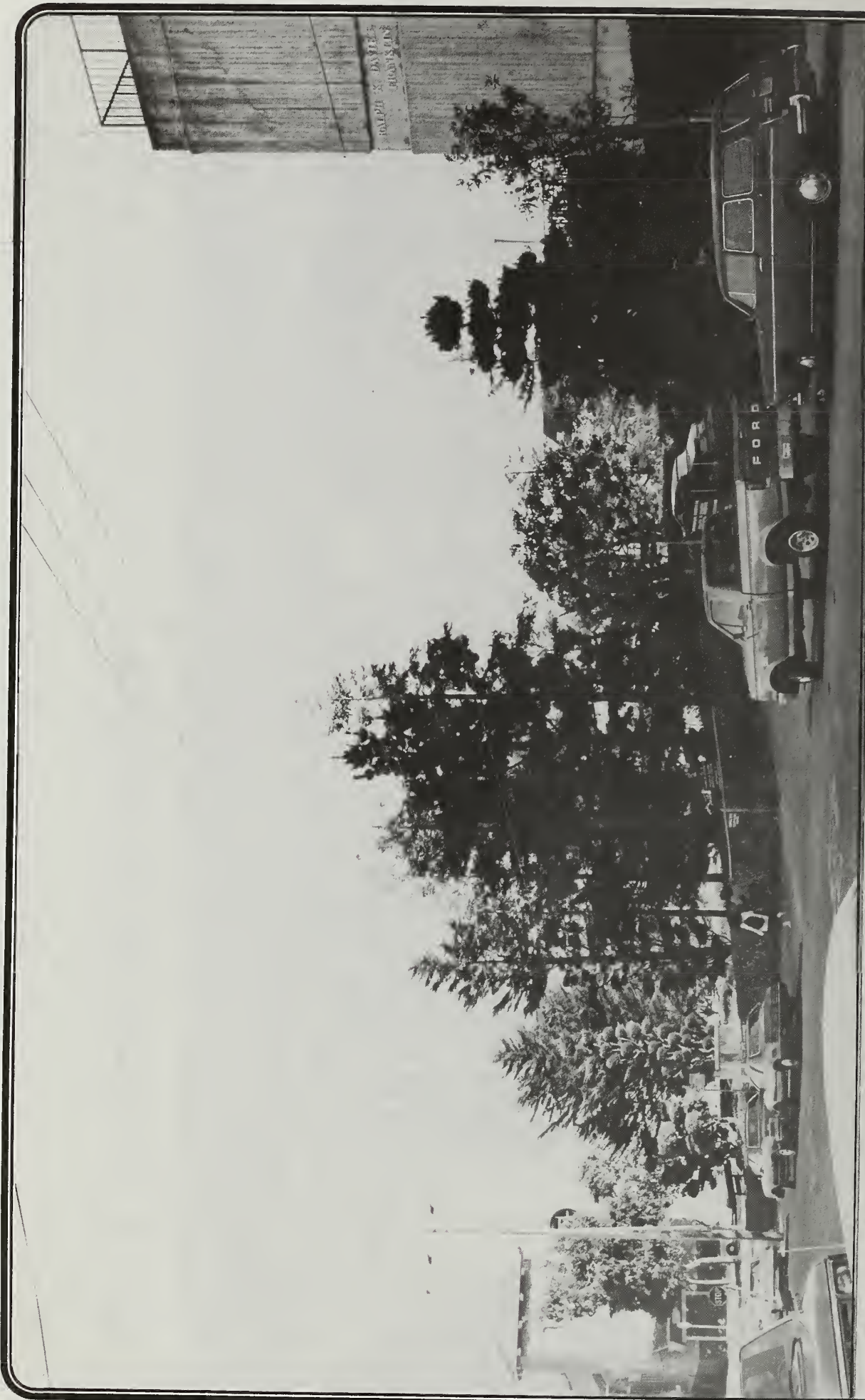


Figure 14. View of Annex Site from Duboce Avenue



Figure 15. View of Parking Structure Site from 14th/Castro Street Corner

SOURCE: Square One Film & Video

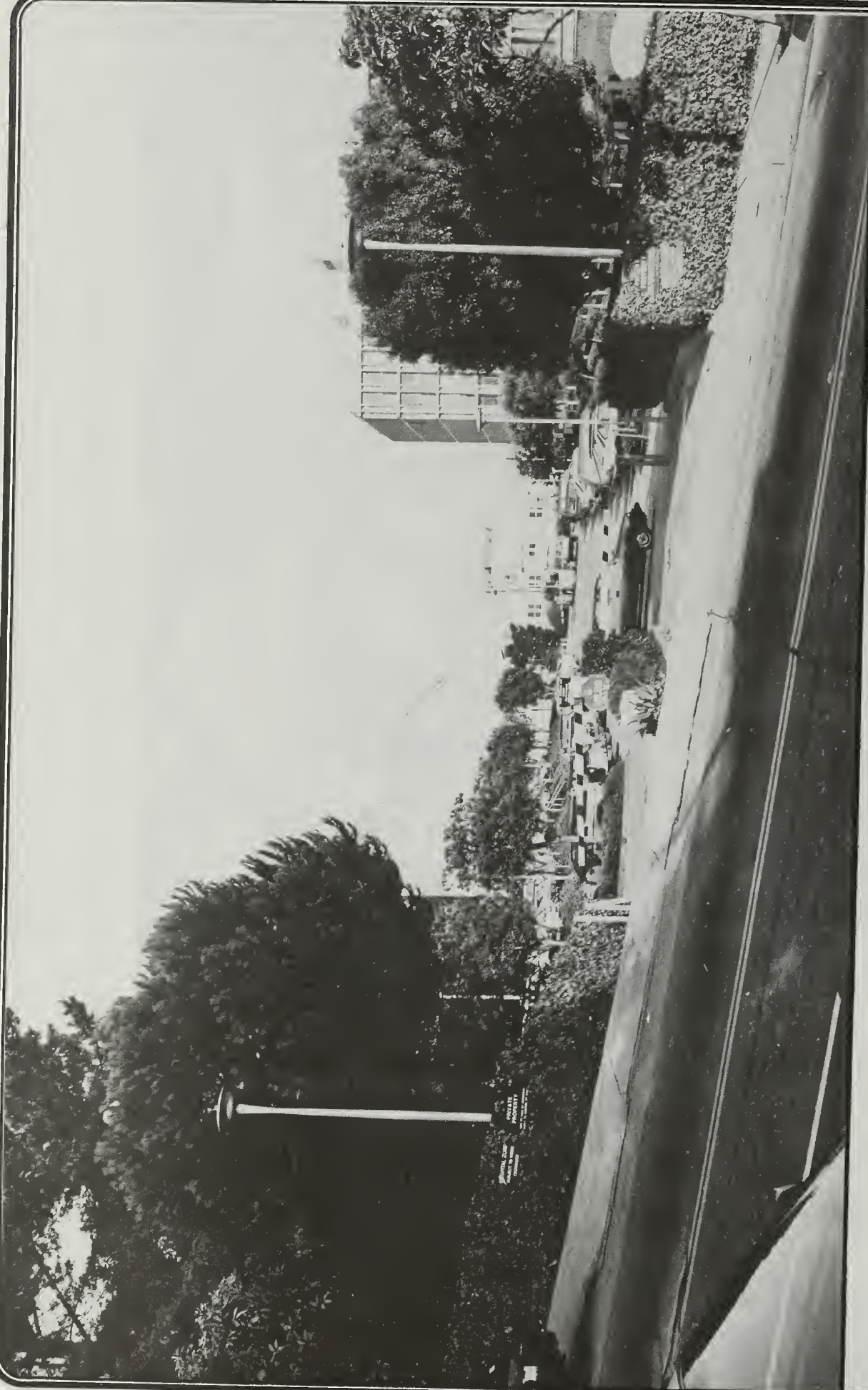


Figure 16. View of Parking Structure Site from 14th Street

III. ENVIRONMENTAL SETTING

the Medical Office Building partially shade, in differing amounts and at different times of the year, Duboce Park which is north of the Medical Center campus. Duboce Park is protected under Proposition K, the Sunlight Ordinance (Planning Code § 295), which places restrictions on the shading of public open spaces. Existing and project shadow patterns for various times of the day and year are discussed in Chapter IV, Impacts, pages 71 to 79.

III.D. PARKING, TRANSPORTATION AND CIRCULATION

III.D.1. PARKING

III.D.1.1. Parking Supply: On-Site Parking at Davies Medical Center

The Medical Center presently provides 333 on-site parking spaces. Approximately 223 (67%) of these spaces are regularly used by Davies Medical Center employees. Of these 223 parking spaces, 111 spaces are reserved for employee and carpool use in the Employees lot, 38 spaces are reserved for physicians and administrators in the loading dock area of the Acute Hospital, and an estimated 74 of the 184 spaces in the Visitors and Rehabilitation Center lots are used by doctors.⁸ Approximately 110 parking spaces (33% of the total spaces on the site) are available to patients and visitors in the Visitors and Rehabilitation Center parking lots. Figure 17, page 42, shows the location of parking lots on the Davies Medical Center campus and Table 3, page 43, outlines use of Davies parking lots by employees.

Parking lots at Davies are generally full from 10:00 a.m. to 3:00 p.m. on weekdays and people wishing to park are often turned away. Employee and on-site doctor parking is typically long-term, whereas visitor, patient and off-site doctor parking is generally short-term with turnover throughout the day.

⁸ *Parking/Traffic Study for Davies Medical Center, 1989*; prepared by Bendix Environmental Research, Inc. for the Department of City Planning. A copy of the study is available for public review in the case file at the Department of City Planning, 450 McAllister Street, San Francisco.

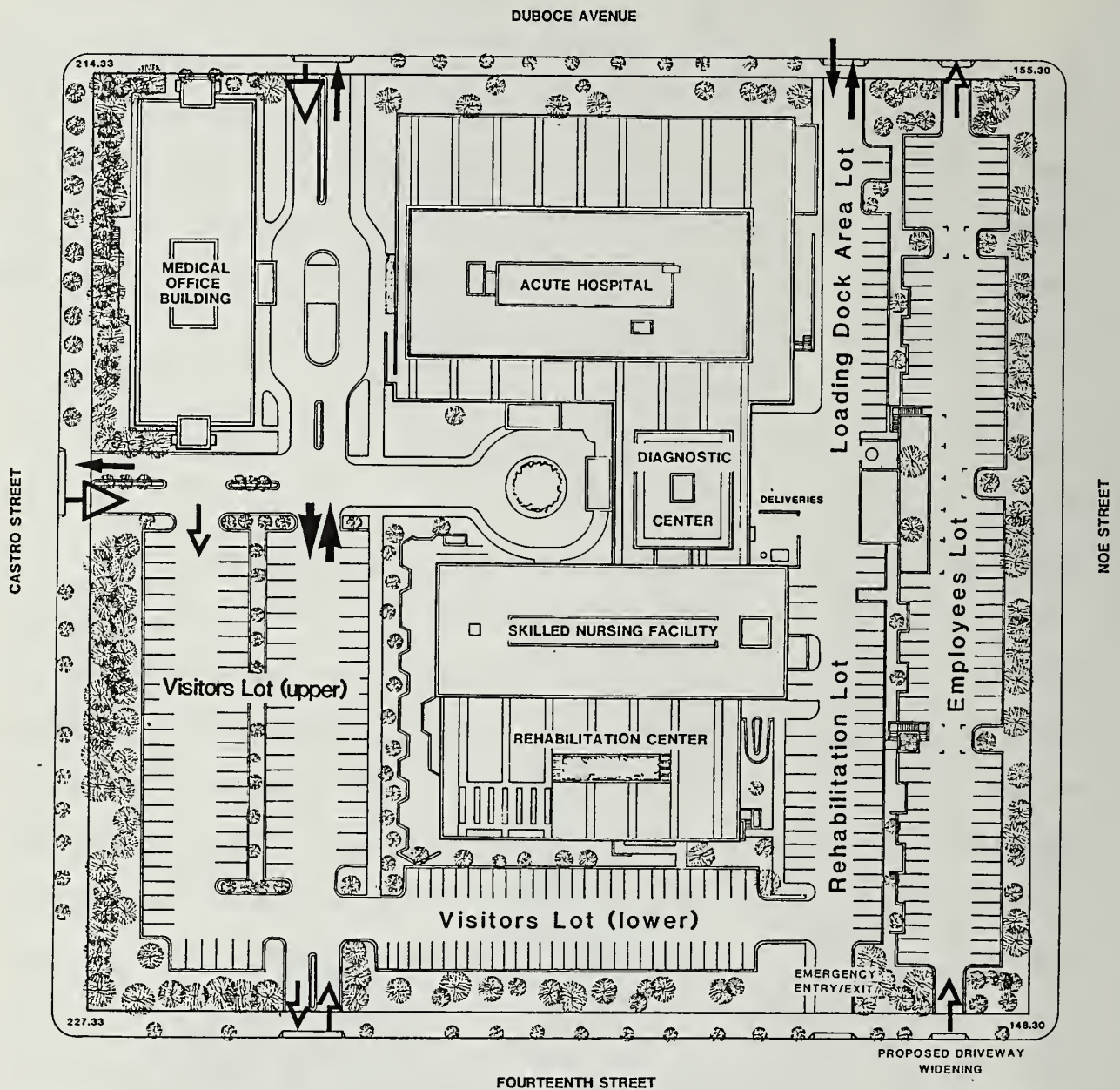


Figure 17. Location of Parking Lots at Davies

-  Principal Entrance to Medical Center
-  Uncontrolled Entry/Exit
-  Cardholder Entry/Exit
-  Pay Lot Entry/Exit (Guard)

graphic scale feet



SOURCE: Silver & Ziskind Architects and Bendix Environmental Research, Inc

III. ENVIRONMENTAL SETTING

Table 3. Use of Davies Parking Lots by Employees and Visitors

<u>Parking Lot</u>	<u>Capacity</u>	<u>Users (Approximate Allotment)</u>
Employees Lot (open 6 a.m. - 4 p.m.)	111	Employees with cards* (100%)
Visitors Lot:	156	
Day-Shift		Patients & visitors (54%) Doctors with cards (41%) Employees without cards (5%)
Evening and Night-Shift**		Employees-swing & graveyard shift Doctors with cards Visitors
Rehabilitation Lot	28	Doctors with cards (41%) Wheelchair patients (54%)
Loading Dock Area Lot	38	Administrators & doctors (all spaces reserved)

	TOTAL 333	

* Cards allow electronic access to specific, on-site parking lots.

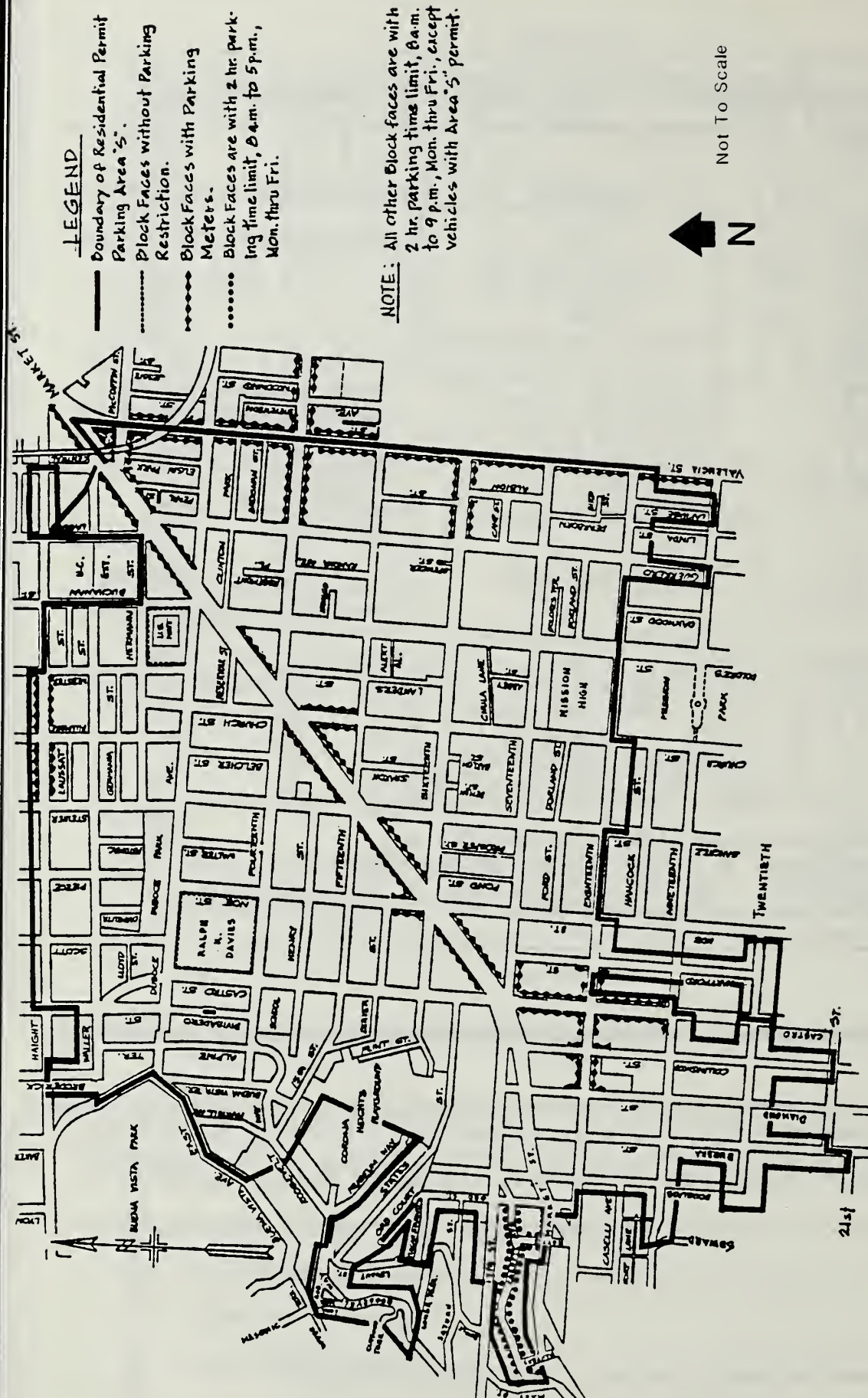
** Adequate parking exists for all users during the evening and night shifts.

Source: *Parking/Traffic Study for Davies Medical Center*, 1989.

III.D.1.2. Parking Supply: On-Street Parking in the Vicinity of Davies Medical Center

The Department of Public Works implemented a Residential Permit Parking Plan (hereafter, Permit Plan) in the area near Davies Medical Center in May, 1988⁹ (see Figure 18, page 44, for Permit Plan Boundaries). The designated area is posted as a 2-hour parking zone between 8:00 a.m. and 9:00 p.m. except on

⁹ The Permit Plan exempts the perimeter of Davies from permit restrictions.



III. ENVIRONMENTAL SETTING

weekends and holidays. Residents can purchase permits that allow them unrestricted parking in legal spaces. Area occupancy of on-street parking spaces went from an occupancy rate of 101% to 86% after implementation of the Permit Plan.¹⁰ This means that, in general, 86% of on-street parking spaces are being used at a given time. The percentage of parked vehicles which belonged to residents was 29% in 1985 and 60% in 1988 after implementation of the Permit Plan. Non-residents parking on area streets for longer than two hours are subject to a \$20 ticket. About 82 tickets a day are issued for violations of parking restrictions within the S-permit boundaries.¹¹ The Permit Plan has the effect of displacing long-term, non-residential parking in favor of resident and short-term parking.

The 1986 survey of Davies employees found that approximately 55% drive alone to work. About 47% of these employees park in a Davies Parking lot and 53% of the employees who drive alone to work are parking on streets surrounding Davies Medical Center (at least 23% of those employees who are driving are parking more than two blocks from the Medical Center campus).¹² The 1989 follow-up survey of hospital staff, which covered employees other than doctors and medical staff (who make up 83% of all Davies employees), found that approximately 174 hospital staff on average park on neighborhood streets. See Impacts, page 79 to 88, for analysis of the existing parking situation and predictions of future parking conditions with implementation of the proposed project.

¹⁰ *Parking/Traffic Study of Davies Medical Center, 1989.*

¹¹ Barbara Winters, San Francisco Police Department, Department of Traffic Analysis; telephone conversation with Melissa Duryea of Bendix Environmental Research, Inc., November 28, 1989. The Permit Plan area surrounding Davies is designated as Area S.

¹² *Parking/Traffic Study for Davies Medical Center, 1989, pp. 15-26.*

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III.D.1.3. Existing Parking Demand

Parking demand at Davies Medical Center exceeds supply, as indicated by the 5-year waiting list for parking cards at Davies. Total parking demand at Davies is estimated to be about 556 spaces (patients/visitors - approximately 101 spaces a day, based on an average stay of 1 hour with 8-10 turnovers/space/day; hospital staff - approximately 335 spaces; doctors - approximately 86 spaces; and medical office staff - approximately 34 spaces). An estimated 67% of patients going to Davies Medical Center drive there. These patients either pay to park on-site or park free on neighboring streets.

III.D.2. TRAFFIC

Castro Street is a major north-south thoroughfare which runs through the center of the City from Noe Valley (primarily residential area), through the Castro District (busy retail area), crosses Market Street, and ends one block north of Davies Medical Center where Castro Street through traffic continues onto Divisadero Street, and north to Marina Boulevard (see Figure 1, page 11, site location map). Castro Street, between 14th Street and Duboce Avenue, has one traffic lane in each direction with curb parking on both sides (one half of the length of the east side curb lane along Davies' perimeter becomes a commute lane from 4:00 to 6:00 p.m.). There is a dedicated left turn lane for southbound traffic on Castro Street at Duboce Avenue. This left turn lane directs southbound, Davies-bound traffic to the Davies entrance at Duboce Avenue. The #24-Divisadero MUNI bus runs north and south on Castro and Divisadero Streets.

Most streets bounding Davies Medical Center are residential. Duboce Avenue is a two-way street and serves as an above ground MUNI streetcar route for the N-Judah line in the vicinity of the Medical Center. Duboce Avenue is

III. ENVIRONMENTAL SETTING

identified in the San Francisco Master Plan as a Transit Preferential Street¹³, a term that applies to streets with concentrated transportation services. This designation indicates that transit services (in this case, the N-Judah streetcar line) are favored and conflicts between auto traffic and the streetcar should be minimized. The #37-Corbett MUNI bus runs along 14th Street serving the Haight, the Castro and the Twin Peaks areas.

Vehicle trips by employees to and from the Medical Center as a whole have dual morning peaks at around 7:00 a.m. (nursing staff) and between 8:00 and 9:00 a.m. (administrative and most office staff). An afternoon peak occurs between 3:00 and 4:00 p.m., when a shift change coincides with high patient loads, and again between 5:00 and 6:00 p.m., when administrative and office staff leave. Visitors create a smaller evening peak between 7:00 and 8:00 p.m. Patients arrive and leave throughout the day. Combined existing hospital and medical office patient arrivals peak between 10:00 and 11:00 a.m. and again between 2:00 and 3:00 p.m.¹⁴ Based upon surveys conducted as part of the traffic study for Davies, daily traffic associated with Davies Medical Center is estimated to be about 1,440 total trips daily with about 200 trip ends during the morning peak (8:00 to 9:00 a.m.) and 275 trip ends during the evening peak (4:45 to 5:45 p.m.).

Additional MUNI public transit routes to Davies Medical Center include the J Church, K Ingleside, L Taraval and M Oceanview streetcars which provide transportation from the Mission, Noe Valley, Ingleside, Park Merced and the Outer Sunset. Individuals taking these transit lines to Davies can get off at the Church Street station and either walk the 5 blocks to Davies or transfer to the 37 Corbett bus. Individuals coming from the East, North and South Bay

¹³ Master Plan for the City and County of San Francisco, Transportation Element, 1988, page I.4.14.

¹⁴ *Parking/Traffic Study for Davies Medical Center*, 1989, pp. 33-34.

III. ENVIRONMENTAL SETTING

can take BART, Golden Gate Transit or Samtrans, respectively, to downtown and transfer to the N Judah streetcar line. See Figure 19, page 49, for a map showing public transit access to Davies Medical Center. Davies operates transportation management programs for its employees. The programs include free parking for carpools, on-site sale of transit passes and the distribution of information on transportation options to employees. The Transportation Systems Management program is discussed further in Chapter IV, Impacts, pages 102 to 111.

III.D.3. CIRCULATION

Davies Medical Center currently has two principal points of entry and exit for vehicles (see Figure 17, page 42): on Castro Street, 246 ft. south of Duboce Avenue, and on Duboce Avenue, 133 ft. east of Castro Street. These entrances provide driveway access to the main entrance of the Acute Hospital, the Medical Office Building, the ambulance and emergency entrance, the outpatient entrance of the Diagnostic Center, and the Visitors parking lot. Hospital receiving and loading is at Level B of the Acute Hospital, two stories below the entrance level, with driveway access to Duboce Avenue 116 ft. west of Noe Street.

The Noe Street frontage of the Medical Center campus presently has no driveways. The Castro Street frontage has one driveway (main entrance) and two bus loading zones. Both Duboce Avenue and 14th Street have three driveways. On Duboce, one driveway serves as a main entrance, one as an entry/exit for the delivery area and a lot restricted to permit parking (primarily for physicians, the "Loading Area" lot), and one as an exit for employees from the Employees lot. On 14th Street, one driveway provides entry/exit for physicians with parking cards into the "Visitors" and "Rehabilitation" lots (contiguous



Figure 19. Public Transit in the Vicinity of Davies

LEGEND

- S SAMTRANS ROUTE (Transfer to Muni N)
- G GOLDEN GATE TRANSIT (Transfer to Muni N)
- C CALTRAIN DEPOT (Transfer to Muni #15, 30 or 45, then N)
- MUNI ROUTE
- - - - MUNI UNDERGROUND TUNNEL
- • • BART ROUTE (Transfer to Muni N)
- + + + CALTRAIN ROUTE
- DAVIES MEDICAL CENTER

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with the Visitors lot), one provides entry for employees with parking cards into the Employees lot, and one serves as a fire lane and remains gated except in emergencies (see Figure 17, page 42).

III.E. AIR QUALITY

The Bay Area Air Quality Management District (BAAQMD) operates a regional monitoring network which measures the ambient concentrations of six air pollutants: ozone (O_3), carbon monoxide (CO), particulates [both fine particulate matter (PM-10) and total suspended particulates (TSP)]¹⁵, lead (Pb), nitrogen dioxide (NO_2), and sulfur dioxide (SO_2). On the basis of the monitoring data, the Bay Area, including San Francisco, currently is designated a non-attainment area with respect to the federal ozone standards. On November 8, 1990, the Air Resources Board (ARB) approved a modification redesignating San Francisco from non-attainment to non-attainment transitional with respect to the federal CO standard.¹⁶ This new designation allows for less strict controls on development planning in San Francisco.¹⁷

A three-year summary of the data collected at the BAAQMD monitoring stations nearest the project site (about 2.6 miles southeast at 900 23rd Street and about 1.9 miles east at 10 Arkansas Street) is shown in Appendix B, page A-48, together with the corresponding federal and/or state ambient air quality standards. In 1988, there were one violation of the state eight-hour CO standard, seven violations of the state 24-hour average PM-10 standard, and one

¹⁵ State standards for particulate matter changed in 1983 and federal standards changed in 1987 to concentrate on fine particulate matter which has been demonstrated to have health implications when inhaled (PM-10).

¹⁶ Air Resources Board, *Quarterly Report, April 1991*, p.4-5. A copy of this report is available for public review in the case file at the Department of City Planning, 450 McAllister Street, San Francisco, CA.

¹⁷ Joan Dracott, Information Officer 2, BAAQMD, telephone conversation with Joseph Rut, Bendix Environmental Research, Inc., May 15, 1991.

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violation of the state 24-hour total suspended particulates (TSP) standard; in 1987, there were one violation of the federal and state eight-hour CO standard, four violations of the state 24-hour average PM-10 standard, and three violations of the previous state 24-hour average TSP standard; and in 1986 there were two violations of the federal and state eight-hour CO standard, and five violations of the state 24-hour average TSP standard. In October 1990, the PM-10 particulate levels were below the national standard of $150.0 \mu\text{g}/\text{m}^3$. However, the State $50 \mu\text{g}/\text{m}^3$ standard was exceeded on one stagnant day (the 2nd) with a 24 hour average value of $55 \mu\text{g}/\text{m}^3$ in San Francisco.¹⁸

BAAQMD has conducted two CO "hotspot" monitoring programs in the Bay Area, including San Francisco. One CO monitoring program was conducted during the winter of 1979-80 and included the intersection of Washington and Battery Streets in San Francisco, about 2.6 miles northeast of the site.¹⁹ The highest eight hour average concentration was 10.1 ppm, which violated the 9-ppm state and federal standards by 1.1 ppm. The highest one-hour average concentration of 15 ppm did not violate the 20-ppm state standard or the 35-ppm federal standard. Another CO monitoring program was conducted during the winter of 1980-81 and included the San Francisco intersections of Geary and Taylor Streets, about 1.7 miles northeast of the site, and 100 Harrison Street at Spear, about 2.8 miles northeast of the site.²⁰ At Geary and Taylor the highest observed eight-hour average concentration was 11.5 ppm, which violated the standards by 2.5 ppm, and the highest one hour concentration was 15 ppm, which

¹⁸ Bay Area Air Quality Management District Technical Services Division, *Contaminant and Weather Summary, October 1990*. A copy of this report is available for public review in the case file at the Department of City Planning, 450 McAllister Street, San Francisco.

¹⁹ Association of Bay Area Governments (ABAG), AQMP Tech Memo 33, *Summary of 1979/1980 Hotspot Monitoring Program*, Berkeley, California, June 1980.

²⁰ ABAG, AQMP Tech Memo 40, *Results of the 1980/1981 Hotspot Monitoring Program for Carbon Monoxide*, Berkeley, California, January 1982.

III. ENVIRONMENTAL SETTING

did not violate standards. At Harrison Street the highest observed eight-hour and one-hour average concentrations were 7.8 ppm and 13 ppm, respectively, which did not violate standards. Data from these programs indicate that locations in San Francisco near streets with high traffic volumes and congested flows may experience violations of the eight-hour CO standard under adverse meteorological conditions.

Comparison of San Francisco data with those from other BAAQMD monitoring stations indicates that San Francisco's air quality is among the least degraded of all developed portions of the Bay Area. Two of the three prevailing winds, westerly and northwesterly, blowing off the Pacific Ocean reduce the potential for San Francisco to receive pollutants from elsewhere in the region.

San Francisco's air quality problems, primarily CO and particulate matter, are due largely to pollutant emissions from within the City. CO is a non-reactive pollutant and its major source category is motor vehicles. CO concentrations are generally highest during periods of peak traffic congestion and/or adverse meteorological conditions. TSP levels are relatively low near the coast, increase with distance inland, and peak in dry, sheltered valleys. The primary sources of TSP in San Francisco are demolition and construction activities, and motor vehicle travel over paved roads.

San Francisco contributes to regional air quality problems, primarily ozone, in other parts of the Bay Area. Ozone is not emitted directly, but is produced in the atmosphere over time and distance through a complex series of photochemical reactions²¹ involving hydrocarbon (HC) and nitrogen oxide (NOx) emissions, which are carried downwind as the photochemical reaction occurs. Ozone standards are exceeded most often in the Santa Clara, Livermore, and

²¹ Chemical reactions induced by light.

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Diablo Valleys, because local topography and meteorological conditions favor the buildup of ozone and its precursors there.

In 1983, emissions from motor vehicles were the source of 84% of the CO, 51% of the hydrocarbons (HC), 66% of the TSP, and 60% of the nitrogen oxides (NOx) in San Francisco, while off-highway mobile sources were the largest single source of sulfur oxides (SOx), about 49% of the total.²² These percentages are expected to apply reasonably well to current conditions.

In response to the Bay Area's ozone non-attainment and CO non-attainment transitional designations, the Association of Bay Area Governments (ABAG), BAAQMD, and the Metropolitan Transportation Commission (MTC) prepared and adopted the *1982 Bay Area Air Quality Plan*, which established pollution control strategies to attain federal ozone and CO standards by 1987, as required by federal law.²³ These strategies were developed on the basis of subregional emission inventories and projections, and mathematical models of pollutant behavior, and consist of stationary and mobile source emission controls and transportation improvements. The BAAQMD, MTC, and California Bureau of Automotive Repair (a state agency) have primary responsibility for implementation of these strategies. As of the December 31, 1987, deadline, the Bay Area had not attained the federal standards for CO and O₃, and the responsible agencies have since been ordered by the Federal Courts to continue to implement measures aimed at further reductions of these pollutants.

In addition to the six air pollutants discussed above, the California Air Resources Board (CARB) and the BAAQMD maintain a network of toxic air pollutant monitoring sites in the Bay Area, including a CARB site at 16th and

²² BAAQMD, *Base Year 1983 Emissions Inventory, Summary Report*, San Francisco, California, August, 1987.

²³ ABAG, BAAQMD and MTC, *1982 Bay Air Quality Plan*, Berkeley, California, December 1982.

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Arkansas Street (1.9 miles east of the site), started up in March 1987,²⁴ which monitors nine toxic gases at the parts per billion level. Of the nine compounds monitored, benzene is responsible for the greatest risk to Bay Area residents. Using the annual mean, the risk is estimated as 240 extra cancer cases per million exposed persons.²⁵ A similar risk estimate has been made for the South Coast Air Basin.²⁶ In 1986, San Francisco had the lowest average benzene level (less than 2 parts per billion of benzene in air) of 11 Bay Area cities. This can be compared to San Jose, which had the highest level (over 4 parts per billion).²⁷ It is estimated that 85% of the benzene in the air comes from vehicles.

On May 10, 1990, the California Air Resources Board (ARB) adopted an airborne toxic control measure for ethylene oxide emissions from sterilizers and aerators. Ethylene oxide is used as a biocide to sterilize medical products. It has been classified as a probable carcinogen by the International Agency for Research on Cancer (IARC) and by the California Department of Health Services (DHS). The proposed airborne toxic control measure (ATCM) does not require any changes in the way ethylene oxide is used, but it does significantly reduce the quantity of ethylene oxide emitted to the atmosphere by requiring emissions controls. Davies Medical Center complies with the measure. A copy of the proposed airborne toxic control measure from the ARB is in the project case file and is available for public review.

²⁴ Toxics Monitoring Sites in the BAAQMD, undated table received from the BAAQMD February 8, 1989.

²⁵ Levaggi, Dario A., *et al.*, Experiences in Gaseous Toxic Monitoring in the San Francisco Bay Area, BAAQMD Report No. 88-95A.3, update received February 8, 1989.

²⁶ South Coast Air Quality Management District, Draft In-Vehicle Characterization Study in the South Coast Air Basin, May 1989, page 61.

²⁷ BAAQMD, Graph of benzene average air values by station, update received February 8, 1989.

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The California Air Resources Board, in October 1990, developed guidelines for air districts to estimate the emissions reduction needed to attain and maintain State air quality standards for ozone, carbon monoxide, sulfur dioxide and nitrogen dioxide.²⁸

III.F. NOISE

Ambient noise in the vicinity of the proposed project sites is dominated by trucks, cars, motorcycles and MUNI buses on area streets. The noise environment is typical of noise levels in San Francisco, which are dominated by vehicular traffic noise. The Environmental Protection Element of the San Francisco Master Plan indicates a day-night average noise level (L_{dn}) of 75 dBA²⁹ on Castro Street, adjacent to the proposed parking structure site, and 70 dBA on Duboce Avenue, adjacent to the proposed Annex site and a general background noise level reported in the vicinity of the project sites of 60 dBA.³⁰

Noise measurements taken during the weekday p.m. peak commute hour average about 66 dBA in the vicinity of Davies Medical Center.³¹ The Castro/14th Street intersection averages about 70 dBA. This is the noisiest intersection near the project site. The three other intersections adjacent to the project

²⁸ California Air Resources Board, Office of Strategic Planning. *Guidance on Estimating Emissions Reductions Needed to Attain State Standards and for Determining Area Classifications in Response to the California Clean Air Act*, October 1990. A copy of this report is available for public review in the case file at the Department of City Planning, 450 McAllister Street, San Francisco.

²⁹ dBA is a measure of sound in units of decibels (dB). The "A" denotes the A-weighted scale, which simulates the response of the human ear to various frequencies of sound. L_{dn} , the day-night average noise level, is a noise measurement based on human reaction to cumulative noise exposure over a 24 hour period, taking into account the greater annoyance of nighttime noises; noise between 10:00 p.m. and 7:00 a.m. is weighted 10 dBA higher than daytime noise.

³⁰ San Francisco Department of City Planning, Environmental Protection Element of the San Francisco Master Plan, 1974.

³¹ Noise measurements taken by Jonathan Sinton of Bendix Environmental Research, Inc., during the p.m. peak commute hour (4:45-5:45 p.m.) on January 25, 1990.

site all average about 68 dBA, with noise levels generally in the range of 65 to 74 dBA.

Along 14th Street, between Noe and Castro Streets, the average noise level is 65 dBA. Westbound 14th Street traffic must climb a 14% grade and peaks of up to 82 dBA are reached when MUNI buses or other noisy vehicles pass. Castro Street averages 68 dBA and is the street with the heaviest traffic volumes. Duboce Avenue and Noe Street have average noise levels of 63 dBA and 60 dBA respectively. All streets and intersections in the project area experience occasional peaks of 77 dBA as a result of heavy traffic or the passage of especially noisy vehicles. The average noise level on the Davies Medical Center campus itself is about 56 dBA. See Appendix C, pages A-50 to A-52, for the magnitude and location of noise readings taken on and near the project sites and typical noise levels.

CHAPTER IV. ENVIRONMENTAL IMPACTS

An application for environmental evaluation for the project was filed on December 31, 1987. An Initial Study of the proposed project was published on November 17, 1989. On the basis of the Initial Study, the Department of City Planning determined that an Environmental Impact Report (EIR) would be required for this project. Issues analyzed in the Initial Study and determined to require no further discussion in the EIR include: land use, population, building operational noise, construction noise, building operational air quality, construction air quality, shadows from the parking structure, utilities and public services, biology, geology/topography, water, energy, hazards and cultural impacts. Therefore, this EIR does not discuss these issues further (see Appendix A, pages A-1 to A-47 for the Initial Study). On the basis of the Initial Study, the Department of City Planning determined that the potential effects of the project on existing zoning, traffic circulation, parking, noise and air quality associated with traffic, visual quality and shadowing by the Annex could have significant impacts on the environment. These impacts are analyzed in this chapter.

IV.A. ZONING IMPACTS

Conditional Use (CU) authorization from the City Planning Commission would be required for the expansion of an institutional use (i.e. the hospital complex) within an RH-3 District (Residential Housing, Three-Family). The proposed project would be reviewed by the Planning Commission under Section 304 of the Planning Code as a Planned Unit Development (PUD), which is a type of CU for project sites exceeding one half acre.

IV. ENVIRONMENTAL IMPACTS

The proposed project would also require authorization from the City Planning Commission under Section 321 of the Planning Code, the Office Development Limitation Program, Reserve for Smaller Buildings, which applies to buildings with a total new office space of between 25,000 and 50,000 sq.ft. The Annex would have more than 25,000 sq.ft. of medical office use.

The presence of 25,000 sq.ft. of office space in the Annex would make it subject to the Office Affordable Housing Production Program (OHPP), Planning Code § 313. Under the OHPP, the City Planning Commission must impose conditions on approval of an application for office development in order to mitigate the impacts of the proposed project on the availability of housing. The project sponsor would be required to choose one of three means of conforming to the Ordinance: 1) contribution to one or more housing developers (which could include the Project Sponsor) who would use the funds to construct housing units affordable to households of lower or moderate income; 2) payment of an *in lieu* fee to the City of San Francisco Controller; or 3) combination of the above options. The payments would be due at the time of approval of the building application.

Both the parking structure and the Annex would conform to the existing 65-D Height and Bulk limitations, which apply to most of Davies Medical Center Campus (see Figure 11, page 34). The maximum building height allowed in a 65-D Height and Bulk district is 65 ft. The bulk limitations state that, for any portion of a building which exceeds 40 ft. in height, the maximum length of a building wall can be 110 ft. and the maximum diagonal dimension through the building can be 140 ft.

The parking structure would be 263 ft. long, 135 ft. wide and 30 ft. high. Since the parking structure would be less than 40 ft. high, it would not be subject to bulk limitations. The Annex, as measured from Duboce Avenue,

IV. ENVIRONMENTAL IMPACTS

would be 39 ft. high. Hence, the bulk limitations do not apply to the Annex. Nevertheless, as shown in Figure 6, page 18, the maximum length and diagonal dimensions of the fourth floor of the Annex would be 110 ft. and 137 ft., respectively.

The Annex, at 39 ft. in height, would be exempt from the requirements of City Planning Code § 295, commonly known as Proposition K or the Sunlight Ordinance. This ordinance restricts the issuance of building permits for structures over 40 ft. that would shade property under the jurisdiction of the Recreation and Park Department. See Chapter IV, Proposition K, page 73 for further discussion.

City Planning Code § 151 would require 142 parking spaces based on the occupied floor area of the Annex. The proposed project would provide a net increase of 137 parking spaces on-site (294 new spaces, minus 157 displaced spaces) and 10 new spaces along Noe Street. As part of the PUD process, the City Planning Commission must determine whether the proposed off-street parking is adequate for the site. See Chapter IV. Environmental Impacts, San Francisco Planning Code Off-Street Parking Requirements, page 79, for further discussion of parking requirements.

IV.B. URBAN DESIGN AND VISUAL QUALITY IMPACTS

IV.B.1. URBAN DESIGN

The exterior design of the proposed parking structure and Annex would incorporate materials and design elements similar to those of the existing Medical Center buildings. The use of concrete, elongated windows, anodized aluminum for the moldings, doors and railings, as well as clear and Solex glass would, in the opinion of the architect, help create a sense of unity in the

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campus.³² Planting containers incorporated into the design of the Annex and the parking structure would be intended to soften views of the facades at ground level.

The area surrounding Davies Medical Center is a 40-X Height and Bulk District. Neighborhood residential buildings range in height from 35 to 60 ft. with a predominant height of 40 ft. The Annex would rise to a maximum of 55 ft. above Noe Street and 39 ft. above Duboce Avenue. The setbacks on the third and fourth floors of the Annex would make the building appear to be lower and, thus more consistent with the neighborhood buildings along Noe Street. See also Figure 3, page 14, which shows Noe Street elevations of both the proposed project and the residences across the street.

The parking structure would rise nine to 15 ft. above Castro Street and nine to 30 ft. above 14th Street which would be less than the surrounding buildings which are also in an RH-3 zoning district and 40-X height and bulk district.

Both the Annex and the parking structure are designed to reflect their institutional use and, as such, would contrast architecturally with most neighborhood buildings. The bay windows of the proposed Annex are the only architectural feature in the Medical Center Annex design similar to the Victorian style of Noe Street houses.

The Urban Design Element of the San Francisco Master Plan contains objectives and policies which may be used to evaluate the project. Table 4, page 61, Relationship Between Applicable Urban Design Policies of the Master Plan and the Proposed Project, compares the project to these policies.

³² James Tustin, Project Architect, Silver & Ziskind; written communication to Bendix Environmental Research, Inc., October 31, 1989.

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Table 4. Relationship Between Applicable Urban Design Policies of the Master Plan and the Proposed Project

OBJECTIVES/POLICIES

RELATIONSHIP TO PROJECT

URBAN DESIGN ELEMENT

Objective 1. "Emphasis of the characteristic pattern which gives to the city and its neighborhoods an image, a sense of purpose, and a means of orientation."

Policy 1. "Recognize and protect major views in the city, with particular attention to those of open space and water."

The proposed parking structure would be nine to 15 ft. above street level along Castro Street and nine to 30 ft. above street level along 14th Street. The Parking Structure would be partially visible to first and second floor residents on Castro Street, but would not block views of the Downtown from those structures. Landscaping along Castro Street shields most views of Downtown and San Francisco Bay for Castro Street pedestrians. The parking structure would screen such views for Castro Street pedestrians. The Annex would not block any major views of Downtown or San Francisco Bay for Noe or 14th Street residents. These residents presently see a paved parking lot and landscaping on the Annex site. With the proposed project, these residents would see a 4-story structure set back 9 ft. from the property line on Duboce Avenue and 15 ft. from the property line on Noe Street.

Objective 3. "Moderation of major new development to complement the city pattern, the resources to be conserved, and the neighborhood environment."

Policy 2. "Avoid extreme contrasts in color, shape and other characteristics which will cause new buildings to stand out in excess of their public importance."

Architectural style, color and exterior materials of both the parking structure and the Annex would be designed to be visually compatible with existing Medical Center structures. The Annex would be designed to reflect the scale and character of the buildings across the street. The stepped back design of the Annex would reduce the impression of massiveness to Noe Street pedestrians.

(continued)

IV. ENVIRONMENTAL IMPACTS

Table 4. Relationship Between Applicable Urban Design Policies of the Master Plan and the Proposed Project (continued)

Policy 4. "Promote building forms that will respect and improve the integrity of open spaces and other public areas."	The Annex, situated across Duboce Avenue and to the south of Duboce Park, has been designed to minimize shading of Duboce Park but would add some new shadows (see Impacts, pages 73-80). The Annex would be visible from the Park and, conversely, there would be views of the Park from within the Annex .
Policy 5. "Relate the height of buildings to important attributes of the city pattern and to the height and character of existing development."	Buildings surrounding Davies Medical Center are in a 40-X Height and Bulk District which restricts new buildings to heights of 40 ft. Existing buildings along Noe Street range in height from 35-60 ft. The Annex, rising to 55 ft. above Noe Street and 39 ft. above Duboce Avenue, would be similar in height to other Noe Street buildings and would meet height and bulk requirements for the 65-D district. The setbacks on the third and fourth floors of the Annex would help maintain the residential character of the neighborhood by reducing the massiveness of the building.
Policy 6. "Relate the bulk of buildings to the prevailing scale of development to avoid an overwhelming or dominating appearance in new construction."	The Noe Street frontage of the Annex would have design features and landscape screening to mitigate the bulky appearance of the building (see Project Description, pages 20-21). The base of the parking structure would be below the grade of adjacent streets and the building would be screened by trees, so that the bulk would not be visible from most view points off campus. Approximately 5 properties across 14 th Street would view the three stories of the parking structure and its entrance. See Figure 22, page 71, for a photomontage of the parking structure from 14 th Street.
Objective 4. "Improvement of the neighborhood environment to increase personal safety, comfort, pride and opportunity."	
Policy 4. "Design walkways and parking facilities to minimize danger to pedestrians."	The project plans would be reviewed by the Department of City Planning and the Department of Public Works, Traffic Engineering Bureau, to determine whether warning bells would be required to alert pedestrians of vehicles exiting the site..

(continued)

IV. ENVIRONMENTAL IMPACTS

Table 4. Relationship Between Applicable Urban Design Policies of the Master Plan and the Proposed Project (continued)

Policy 12. "Install, promote and maintain landscaping in public and private areas."

The site for the proposed structures is currently landscaped. Trees and other plants presently on the sites would be maintained to the maximum degree possible. Additional landscaping would occur along the Noe Street sidewalk and landscaping would be included in the parking structure and the Annex designs. Mitigation measures have been incorporated into the project to protect the trees.

Policy 15. "Protect the livability and character of residential properties from the intrusion of incompatible new buildings."

The parking structure would be set back 28 ft. from Castro Street and 23 ft. from 14th Street. The Annex would be set back 15 ft. from Noe Street and 9 ft. from Duboce Avenue. Visual impacts of the project are discussed in Chapter IV. Impacts, pages 63-73.

Source: Department of City Planning, *Master Plan*, 1988, and Bendix Environmental Research, Inc.

IV.B.2. VISUAL QUALITY

IV.B.2.1. The Proposed Medical Center Annex

Construction of the Annex would change the general visual character of the site from a landscaped parking lot to a developed area containing a building that fronts on Noe Street and Duboce Avenue. The proposed Annex would have approximately 48,500 sq.ft. on four floors. The upper two stories of the Annex would be set back from the eastern base of the building. The fourth floor of the Annex would be connected to Level A of the Acute Hospital, making Level A continuous with the fourth floor of the Annex. In order to minimize visual impacts of the new structure, existing trees on Noe Street and Duboce Avenue, with the exception of one Monterey Cypress tree, would be retained. These trees partially screen the site. Noe Street views of the Annex would be largely screened by existing trees which would rise above the Noe Street frontage. Noe

IV. ENVIRONMENTAL IMPACTS

Street residents' existing views of the bottom half of the Acute Hospital would be replaced by closer views of the Annex as seen from the sidewalk directly opposite the building on Noe Street.

Views of the northeastern corner of the Medical Center from Duboce Avenue and Duboce Park would change from a tree-lined landscaped area to a developed area containing a 4-story concrete building with trees around its perimeter. Residences on Carmelita, Pierce and Potomac Streets would have views of the proposed Annex. The visual impact of the development of the Annex would be limited for those residents to the North because Duboce park separates the residences and the site. For Duboce Park visitors, the Annex would change the appearance of the Medical Center site by adding a new four-story building immediately across the street from the park. The Annex would not block views of San Francisco Bay or Downtown from Duboce Park. See Figures 20 and 21, pages 65 and 66, for photomontage views of the Annex from Duboce Park and Duboce Avenue.

The Annex would be visible to Noe Street and Duboce Avenue pedestrians. The stepped back design would minimize the impression of the structure's massiveness from street level. The first and second floors would rise about 30 ft. above street level and would be directly in back of the existing tree line on Noe Street. The Annex would be fully visible to pedestrians on the corner of Noe Street and Duboce Avenue at the proposed Annex passenger drop-off zone (see Figure 5, page 18). Residents across from and diagonal to the drop-off zone would not have their views of the structure screened by existing trees. The two-story stairwells at the north and south ends of the Annex would both be partially screened from view by existing trees on Noe Street; the northern set of stairs would be visible from Duboce Avenue. The three columns supporting the fourth floor link would be visible when entering the site from the Duboce Avenue delivery entrance.



Figure 20. Photomontage, View of Annex from Duboce Park

SOURCE: Square One Film & Video

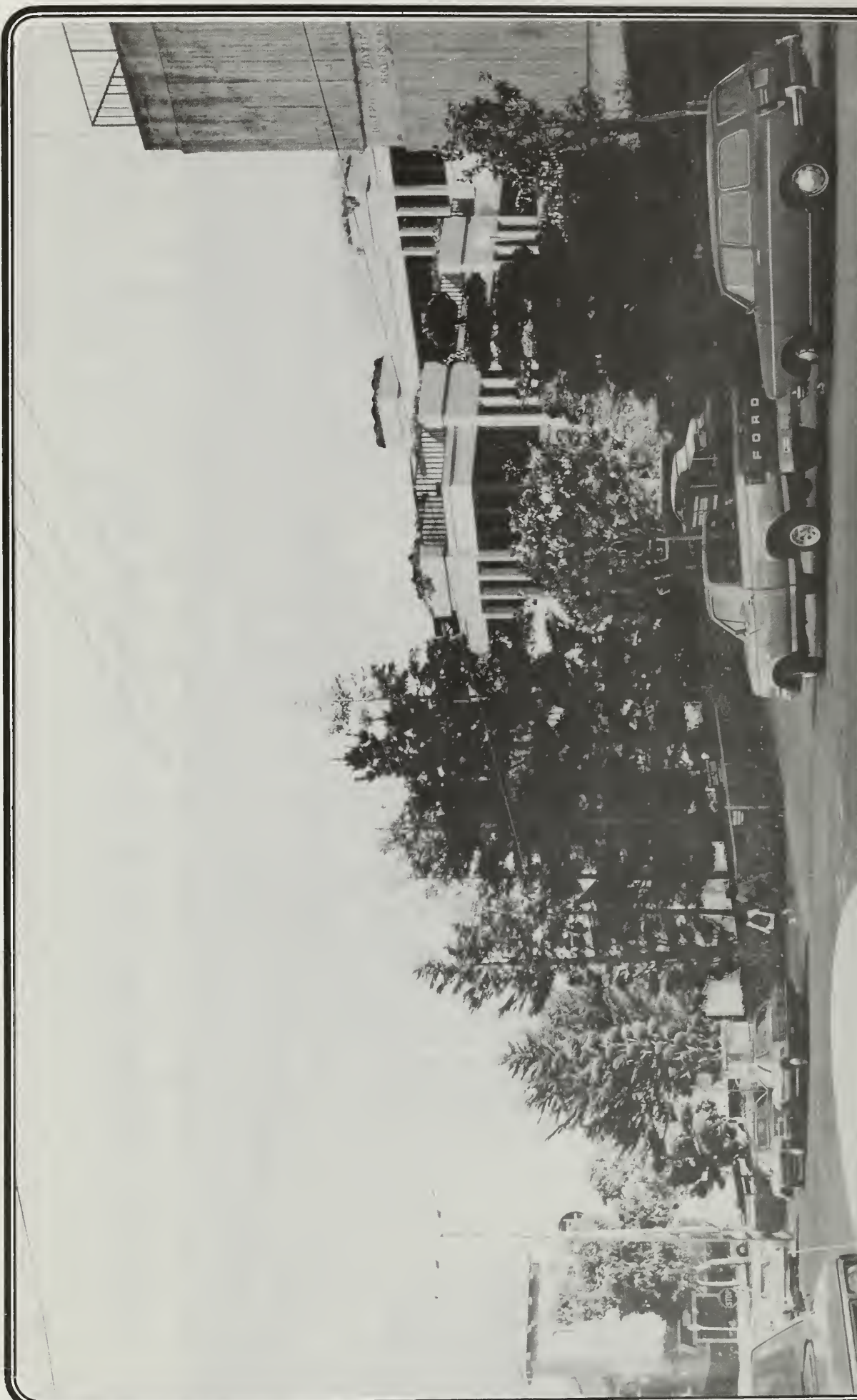


Figure 21. Photomontage, View of Annex from Duboce Avenue

IV. ENVIRONMENTAL IMPACTS

The low street elevation, in relation to the rest of the Medical Center site, and tree-lined sidewalk of 14th Street, near Noe Street, presently limits residential views of the building site from 14th Street. The proposed Annex would be visible from residences across from the 14th Street entrance to the existing Employees parking lot. Residents uphill on 14th Street near Castro Street would have no view of the Annex site, despite their higher elevation, because the view of the site would be obstructed by existing buildings.

Views from Castro Street residences would not be affected by construction of the Annex. Pedestrians and lower Castro Street residences, near 14th Street, would have no views of the proposed building because trees lining the western edge of the site and the Medical Office Building block views of the building site from these vantage points. Buena Vista Hill views of the Annex site and views of the project from the northern end of Castro Street, near Duboce Avenue, would be partially or fully blocked by existing Medical Center buildings.

IV.B.2.2 The Proposed Parking Structure

The parking structure would consist of three stories in two tri-level sections: the top of the structure would be approximately nine to 15 ft. above street level on Castro Street, and nine to 30 ft. above street level on 14th Street. The upper level and the edges of the north, east and parts of the south sides of the parking structure would have planting containers which would be intended to soften views of the concrete structure.³³ See Figure 22, page 68, for photomontage of the parking structure as viewed from 14th Street.

The parking structure would be visible to residents on Castro Street, to residents along 14th Street, and to pedestrians. The parking structure would

³³ James Tustin, Project Architect, Silver & Ziskind; written communication to Bendix Environmental Research, Inc., October 31, 1989.

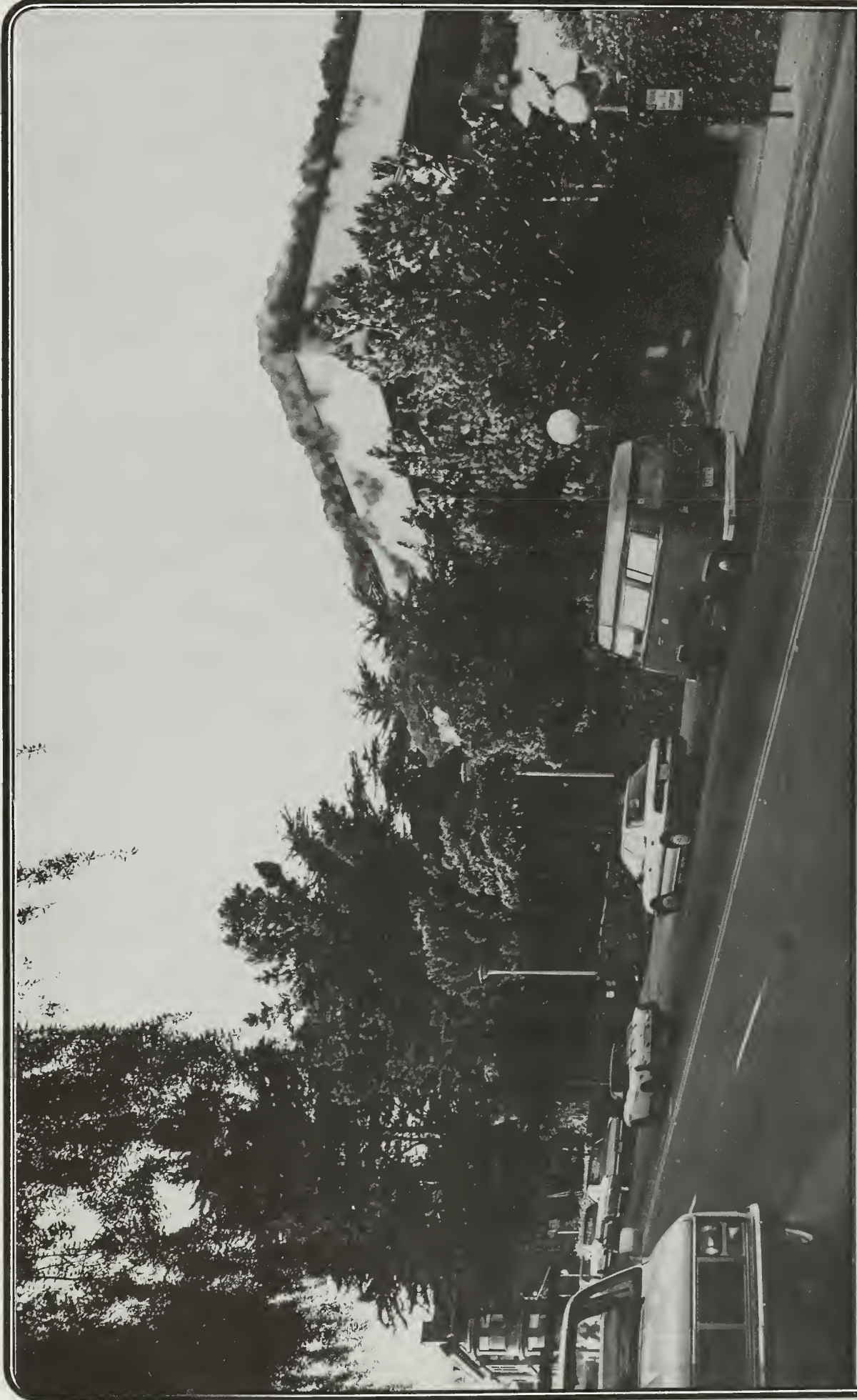


Figure 22. Photomontage, View of Parking Structure from 14th Street

SOURCE: Square One Film & Video

IV. ENVIRONMENTAL IMPACTS

completely block street level views through existing trees of Downtown and the Bay from a portion of Castro Street near 14th Street. Existing Monterey Cypress trees lining the western edge of the proposed parking structure site only create a dense screening at present. Figure 23, page 70 , shows a photomontage of the proposed parking structure as seen from the southwest corner of the Castro/14th Street intersection. Existing views of the Downtown and the Bay from residences on Castro Street opposite the proposed parking structure would not be obstructed from the second floor or above (see Figure 8, page 23). The views from residences on Buena Vista Hill would not be obstructed either, because the proposed parking structure, including its three-foot guard rail on the top level, would reach a maximum height of about 15 ft. above Castro Street.

The views of residences mid-block on 14th Street facing the Medical Center would be the most affected by construction of the parking structure. These residences, whose views were formerly of a paved, landscaped parking lot and of the Medical Center Campus itself, would now include a three-story parking structure visible through the relocated cardholder entrance and over the top of existing landscaping. The views of the parking structure from directly opposite the existing 14th Street cardholder entrance would be screened at the lower levels by three new trees and the existing trees. Figure 22, page 68, shows a photomontage of the parking structure as seen from mid-block on 14th Street.

Light from the headlights of cars entering and leaving the parking structure at night would be visible to neighbors. The three and a half foot tall barrier, extending up from the parking structure at each level, would be solid to prevent headlights from shining into neighbors' windows. Level 1 of the parking structure would be below grade, so headlights could not shine out as vehicles turned up the ramp to level 2. Similarly, headlights from vehicles driving from level



Figure 23. Photomontage, View of Parking Structure from 14th/Castro St. Corner

SOURCE: Square One Film & Video

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3 to 4 on the southern end of the garage would be below the existing grade of Castro Street. However, headlights from vehicles driving from Level 5 to 6 could shine out over the proposed three and a half foot barrier due to the slope of the ramp. The project sponsor has agreed to mitigate this potential impact by provision of screening and/or landscaping, in consultation with Department of City Planning staff, in order to minimize headlights shining into residential windows. Lighting of the parking structure would be designed to minimize the amount of light that shines out of the building at night.

Residences on the east end of the 14th Street block and Noe Street residences facing the Medical Center would have partial views of the parking structure, limited by the lower street elevation and by existing planting strips. The parking structure would also be visible from the main entrance to the Medical Center on Duboce Avenue. Views of the structure from Duboce Park would be completely blocked by the Acute Hospital, Medical Office Building and planting strips.

IV.C. SHADOW IMPACTS

Shadow patterns for existing and approved buildings in the project area (including existing buildings on the site) and the project are shown for 10:00 a.m., noon, and 3:00 p.m. for the four seasons: during winter and summer solstices when the sun is at its lowest and highest points, and during the spring and fall equinoxes when the sun is at its midpoint (see Figures 24 to 27, pages 74 to 77). Conditions from July through November mirror the conditions from January through May (using solar time). The analysis includes shadows cast on streets, sidewalks, pedestrian areas, and open space in the area potentially affected by the proposed Annex. The diagrams in Figures 24 to 27 show existing building shadows and net new shadow due to the project.

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IV.C.1. December 21 (PST)

At 10:00 a.m. Pacific Standard Time (PST) on December 21 (see Figure 24, page 74) the northern stairwell and the second and third floors of the Annex would cast shadows on Duboce Avenue and the adjacent sidewalk. The delivery entrance and loading dock area between the Acute Hospital and the Annex would be completely in shadow. At noon, the Annex would continue to cast a shadow on Duboce Avenue and the adjacent sidewalk. At 3:00 p.m. the Annex would cast a new shadow on the intersection of Duboce Avenue and Noe Street. The shadows on Duboce Park are cast by existing buildings at the Davies Medical Center, not by the proposed Annex.

IV.C.2. March 21 (PST)

At 10:00 a.m. PST on March 21 (see Figure 25, page 75) the northern stairwell of the Annex would cast some shadow on the adjacent sidewalk along Duboce Avenue. The second, third, and fourth floors of the Annex would cast shadows on the loading dock area between the Acute Hospital and the Annex. At noon the northern stairwell would continue to cast a shadow on the adjacent sidewalk along Duboce Avenue. At 3:00 p.m. the Annex would cast a shadow the length of the building on Noe Street and on the adjacent sidewalk.

IV.C.3. June 21 (PST)

At 10:00 a.m., noon, and 3:00 p.m. PST on June 21 (see Figure 26, page 76) the Annex would cast shadows within the property line of the Davies Medical Center.

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IV.C.4. September 21 (PST)

At 10:00 a.m. PST on September 21 (see Figure 27, page 77) the northern stairwell would cast some shadow on the adjacent sidewalk along Duboce Avenue. The second, third, and fourth floors of the Annex would cast shadows on the loading dock area. At noon the northern stairwell would continue to cast some shadow on the adjacent sidewalk along Duboce Avenue. The fourth floor link would cast a shadow on the loading dock area. At 3:00 p.m. the northern stairwell would still cast some shadow on the adjacent sidewalk along Duboce Avenue and the second floor of the Annex would cast a shadow the length of the building on the adjacent sidewalk along Noe Street.

IV.C.5. Proposition K

City Planning Code, § 295, commonly known as Proposition K or the Sunlight Ordinance, restricts the issuance of building permits for structures that would shade property under the jurisdiction of, or designated to be acquired by, the Recreation and Park Department. The Ordinance exempts structures under 40 ft. in height from restrictions against casting shadows on such open space. The original design for the Annex, proposed in the Institutional Master Plan, was five stories tall; however, this design was scaled back to four stories to avoid casting Proposition K shadows. As such, the proposed project is exempt from Proposition K requirements because the height of the Annex is 39 ft. as measured from Duboce Avenue.³⁴ Where a lot has frontage on two or more streets, Section 102.12(d) of the City Planning Code permits the property owner to choose from which street or streets the height measurement is to be taken.

³⁴ For this project, the Department of City Planning has determined that the height of the Annex, as measured from Duboce Avenue, would be 39 feet. Robert W. Passmore, Zoning Administrator, Department of City Planning; written communication to Jim Tustin, Project Architect, Silver & Ziskind, February 27, 1990, available for public review in the case file at the Department of City Planning, 450 McAllister Street, San Francisco.

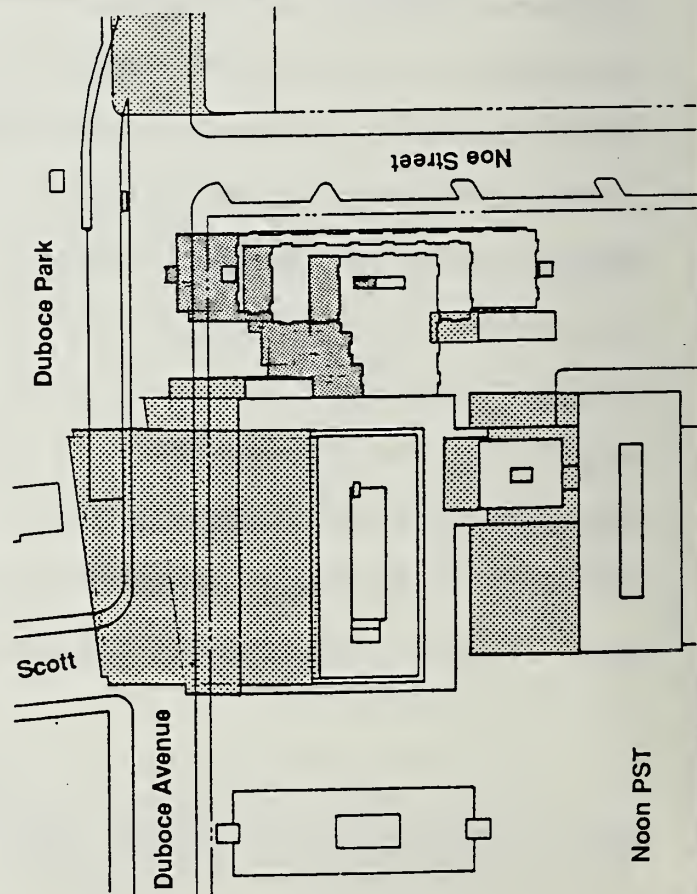
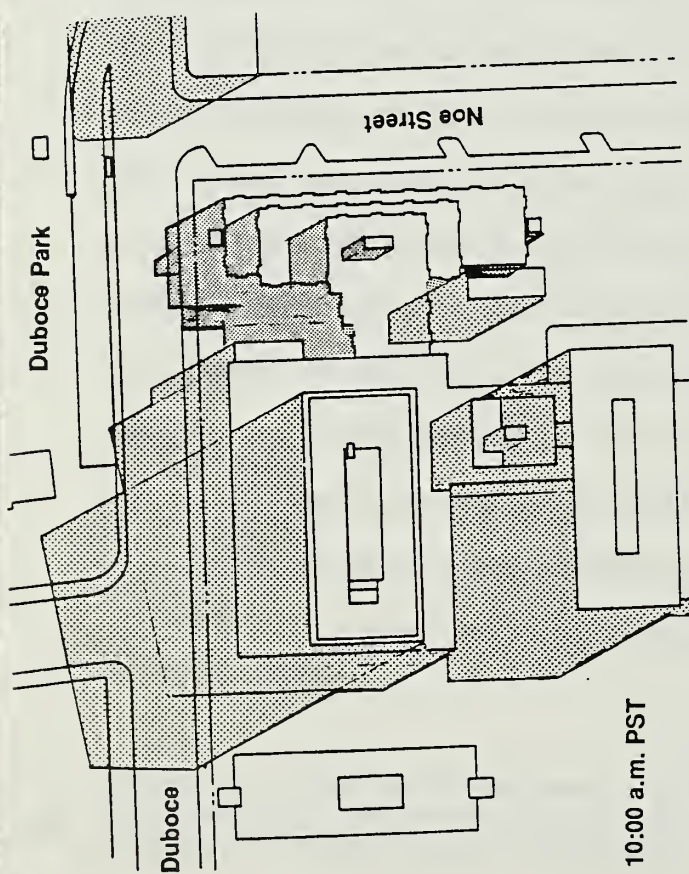
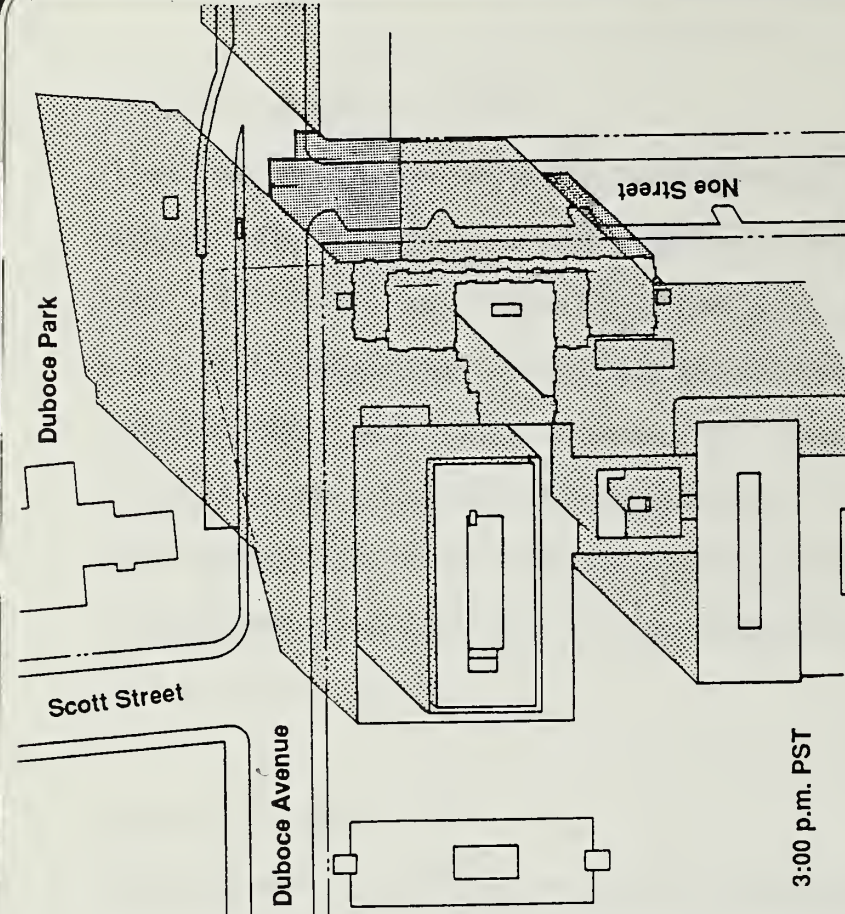


Figure 24. Annex Shadow Study
December 21

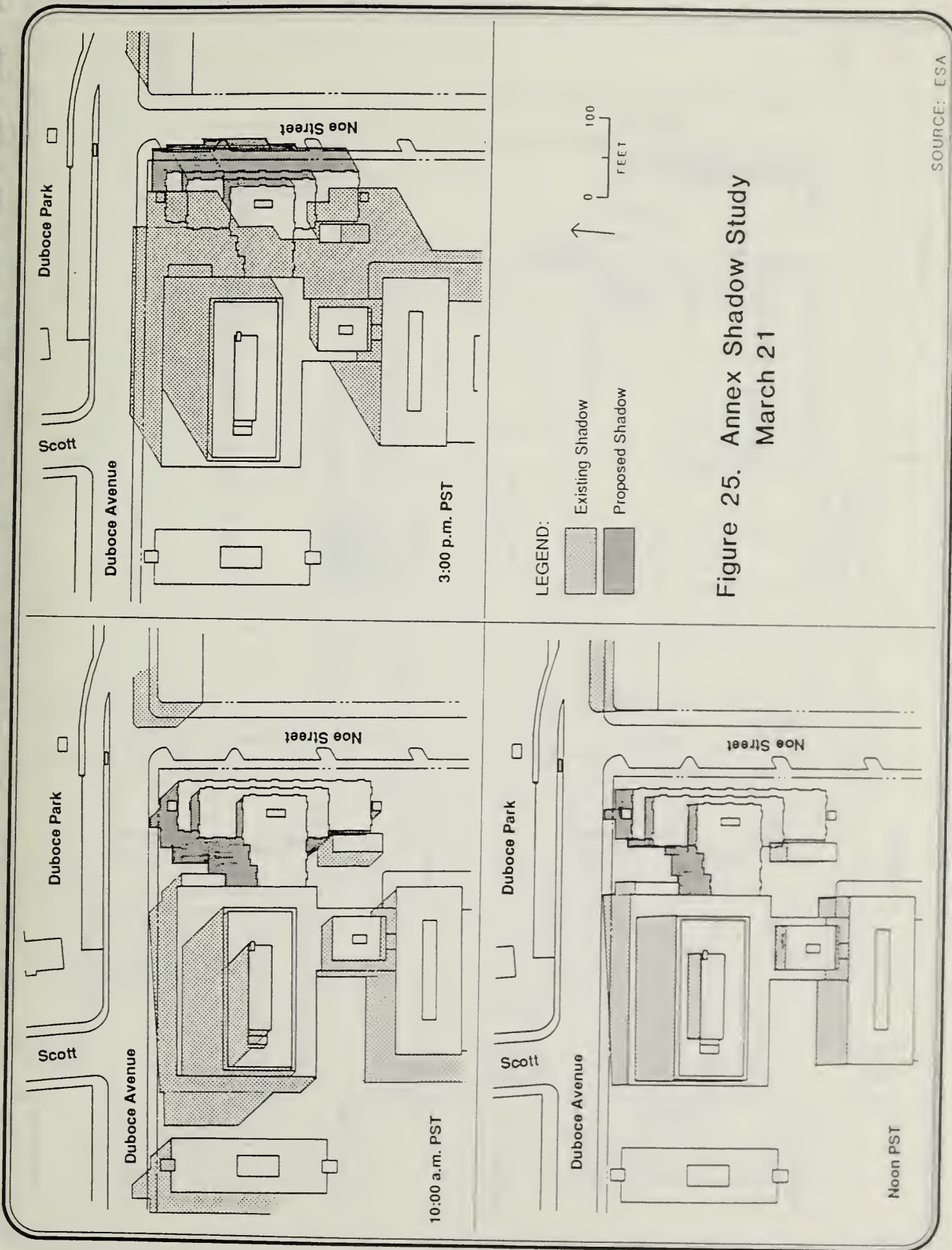


Figure 25. Annex Shadow Study
March 21

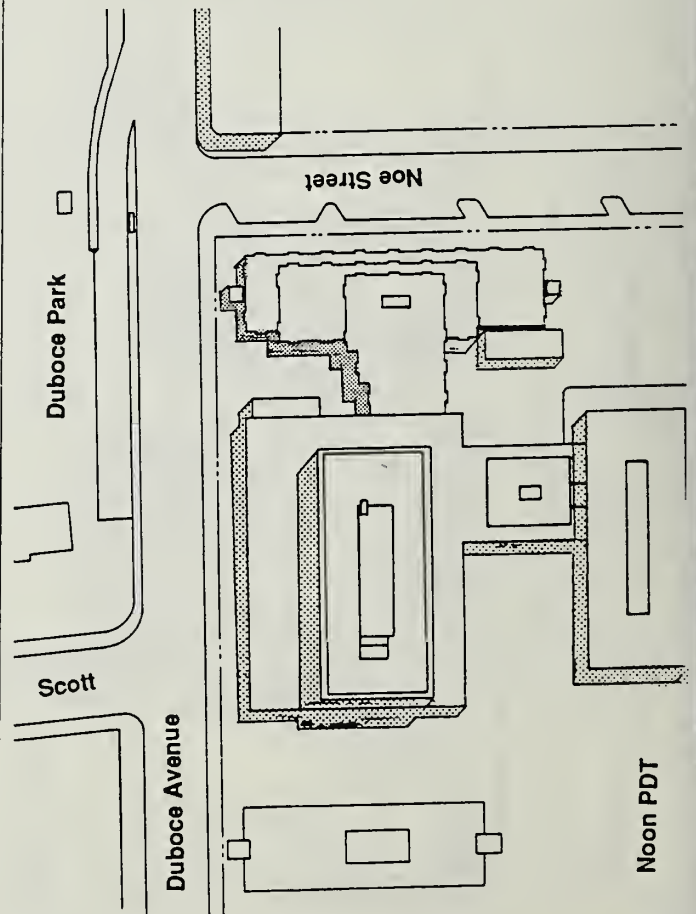
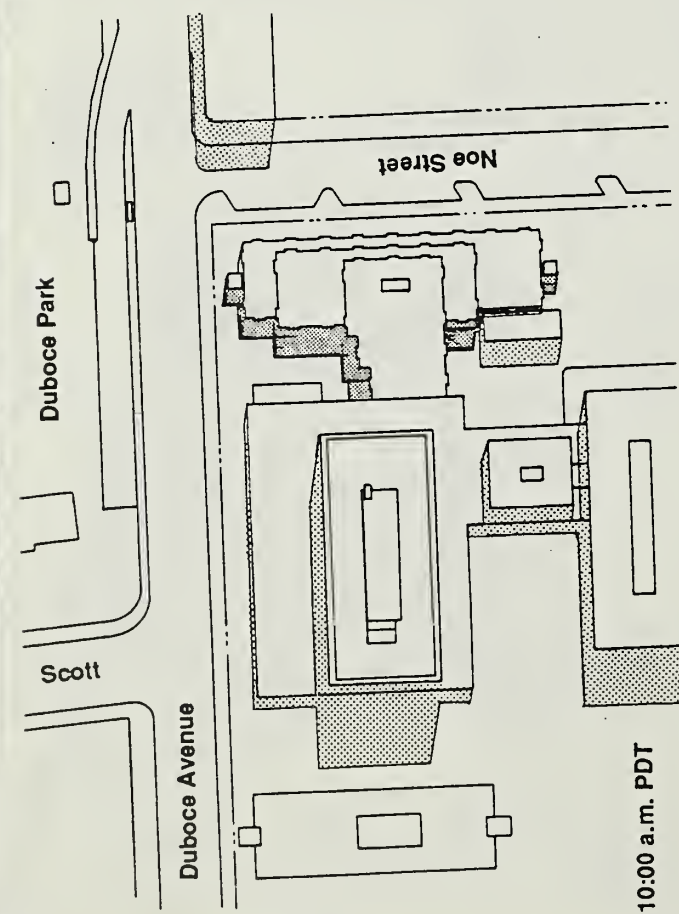
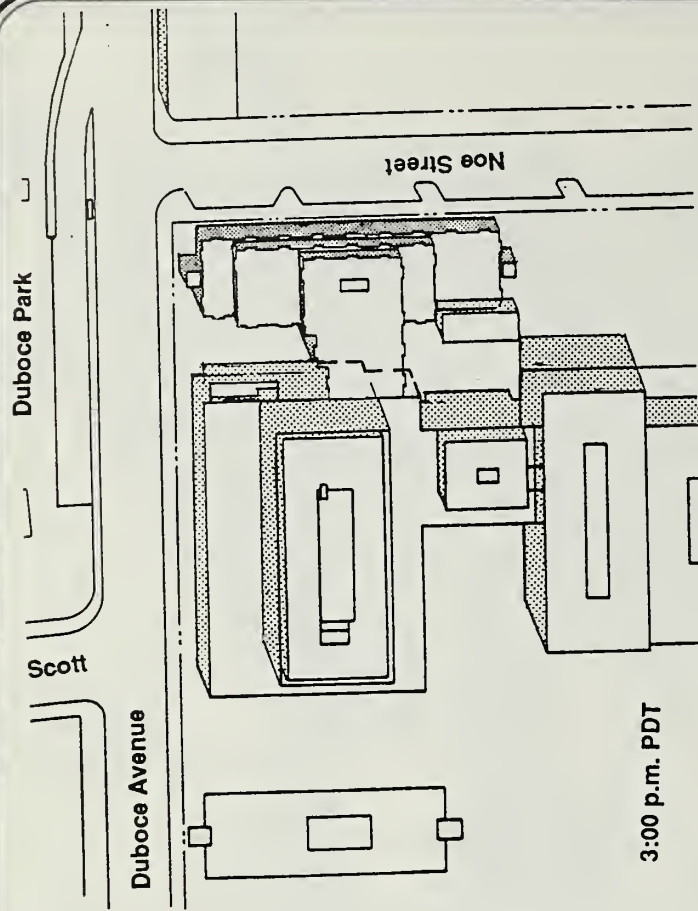


Figure 26. Annex Shadow Study
June 21

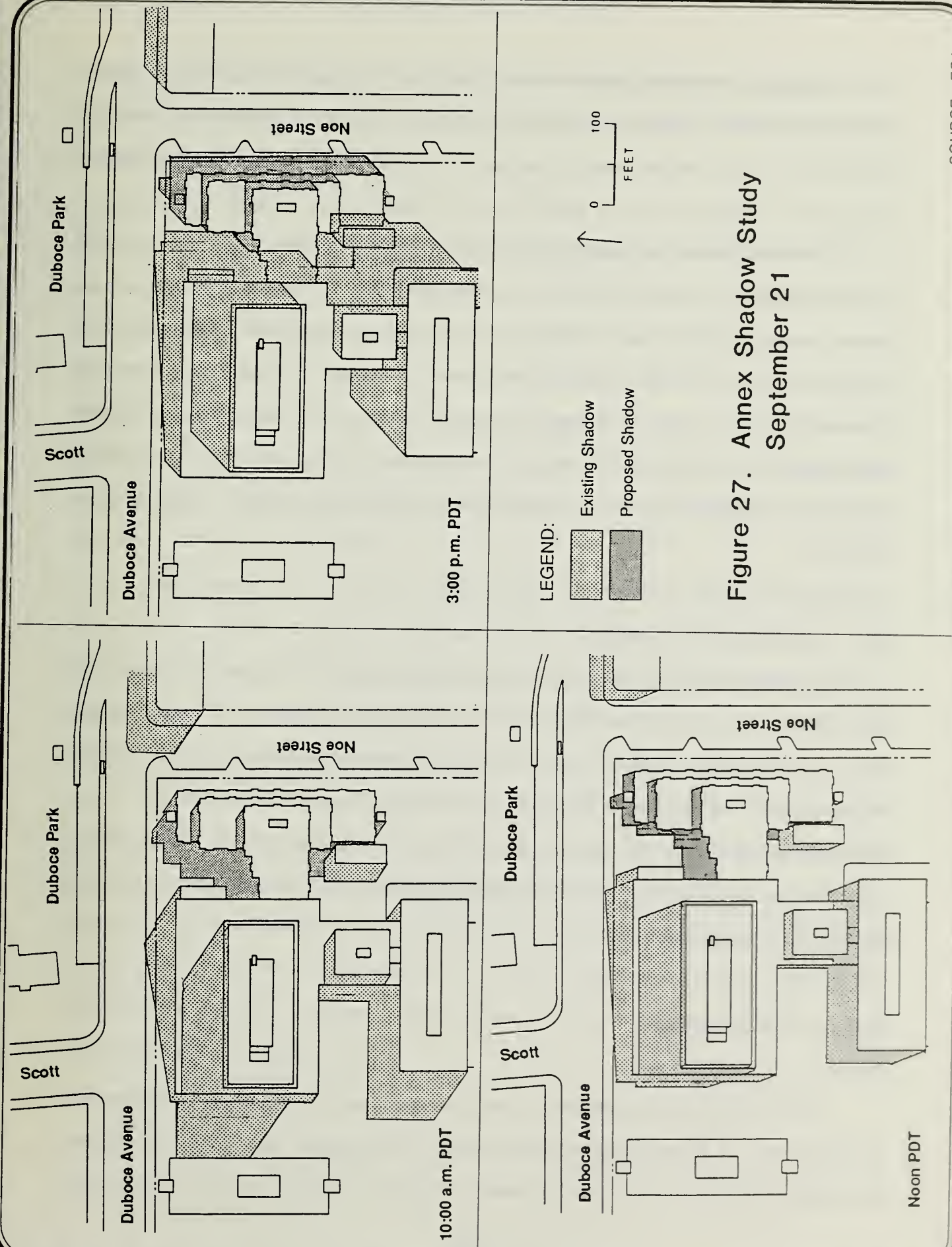


Figure 27. Annex Shadow Study
September 21

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Shadow restrictions under Proposition K apply between one hour after sunrise and one hour before sunset. Although the Annex is exempt, a Proposition K shadow analysis for 1 hour before sunset on December 21, the winter solstice, was performed. The analysis indicates that a shadow would be cast on Duboce Park. The majority of that shadow would be superimposed upon existing shadows cast by the Acute Hospital and the existing building at the south-east corner of Noe Street and Duboce Avenue. Approximately 600 sq.ft. of shadow, cast by the Annex would not be superimposed. The new shadow on Duboce Park cast by the Annex would consist of a small amount of "in-fill" shadow, between two existing larger areas of shade. (see Appendix D, page A-53). The standard shadow studies show that the project would add no new shadow to any other existing open space areas in the project vicinity.

IV.D. TRANSPORTATION IMPACTS

A transportation study was prepared by Bendix Environmental Research, Inc. The study analyzed the parking and transportation impacts of the proposed Annex and parking structure. The following discussion of parking and transportation impacts incorporates information from this study. A copy of the study, *Parking/Traffic Study for Davies Medical Center, San Francisco*, is available for public review in the case file at the Department of City Planning, 450 McAllister Street, San Francisco.

IV.D.1. PARKING IMPACTS

IV.D.1.1. Parking Demand

Off-street parking demand for the proposed Annex building can be determined in two ways: 1) by calculating the parking requirement according to Planning Code methods (based on area and/or number of hospital beds); or 2) by calculating

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parking demand using results of transportation surveys that have revealed commute and parking patterns of Davies employees and assuming similar employee patterns for the proposed Annex building.

IV.D.1.1.1. San Francisco Planning Code Off-Street Parking Requirements

Planning Code § 151 requires medical institutions to provide one parking space per eight patient beds or per 2,400 sq.ft. of gross floor area devoted to sleeping rooms, whichever is greater; medical offices and outpatient clinics require one space per 300 sq.ft. of occupied floor area, where that area exceeds 5,000 sq.ft. In the case of mixed uses in the same structure, Planning Code § 153 specifies that the requirements for the various uses be summed to calculate the total parking requirement.

The proposed Annex would be a combination of clinical outpatient and medical office area: both uses require one space per 300 sq.ft of occupied floor area. The proposed Annex would have 42,700 sq.ft. of occupied floor area and thus would require 142 off-street parking spaces under the Planning Code. No additional parking spaces would be required for the proposed parking structure.

In addition to the 142 spaces required by the Planning Code, the proposed project would displace 59 parking spaces at the Annex site and 98 spaces at the garage site. Hence, the total Planning Code off-street parking requirement would be 299 spaces (142+98+59). The proposed parking garage would provide 294 off-street parking spaces, which would be 5 spaces short of the code requirement (see Table 5, page 80). However, the proposed modifications to Noe Street would add 10 on-street parking spaces.

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Table 5. Existing and Proposed Parking at Davies

	<u>Existing</u>	<u>Proposed Project</u>	<u>Existing + Proposed Project</u>
# of Spaces on Davies Campus:	333	net increase of 137	470
Parking Required by Code:	333 ¹	142	475 ²
Overall Surplus/(Deficit) by Code:	N/A	(5)	(5)
Parking Demand from Surveys:	556	76	632
Overall Surplus/(Deficit) from Surveys:	(223)	61	(162)

¹ 345 parking spaces would be required by Code if similar structures were being built now; however the Planning Code does not require Davies Medical Center to provide additional parking for existing facilities.

² 481 parking spaces would be required by Code if similar structures were being built today.

Source: *Parking/Traffic Study for Davies Medical Center*, 1989.

IV.D.1.1.2. Project Parking Demand Calculated Using Davies Medical Center Employee Survey Results

Surveys of Davies Medical Center employees and patients in 1986 and 1989 have been used to estimate the parking demand that would be generated by the Annex.³⁵ Existing demand for parking at Davies has been estimated at 556 spaces per day. Davies currently provides 333 off-street parking spaces. If the existing structures, with their current uses, were being built today, 345 spaces would be required by Code.³⁶ Hence, existing demand for parking at Davies exceeds supply

³⁵ The 1986 Davies Medical Center Parking Survey included physicians, staff, patients and visitors. The 1989 follow-up Parking Survey was more limited in scope and only included staff.

³⁶ *Parking/Traffic Study for Davies Medical Center*, 1989.

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by about 223 parking spaces, and exceeds the current code requirements for a comparable complex by 211 spaces.

The proposed Annex is expected to generate employment for 36 physicians and 44 staff.³⁷ The medical office portion of the Annex would attract a new patient load to the Medical Center. The hospital services section of the Annex would relieve overcrowding in the existing hospital as well as draw new patients to expanded services. Based on surveys of office managers, other staff at the Medical Center, and projections of the number of Annex employees and patients, weekday parking demand for the proposed Annex is estimated to be about 76 spaces per day (see Table 6, page 81). The Planning Code requirement of 142 spaces, based on square feet of occupied floor area of the Annex, would exceed the estimated Annex demand by 66 spaces.

The discrepancy between the results from Code and employee

survey methods is due to the nature of the proposed use of the Annex. For the foreseeable future, a considerable part of the Annex would be occupied by functions now carried on in the overcrowded Acute Hospital building, thus generating no new vehicle trips. In addition, some of the activities at the Annex would be

Table 6. Projected Parking Demand for the Annex

<u>User</u>	<u>No. of Persons*</u>	<u>Parking Demand**</u>
Staff	44	19
Physicians	36	27
SUB-TOTAL STAFF/PHYSICIAN DEMAND		----
		46
Patients	360	30
TOTAL STAFF/PHYSICIAN & PATIENT DEMAND		----
		76

* Number of employees and patients the Annex is expected to generate.

** Weekday demand for parking spaces

Source: *Parking/Traffic Study for Davies Medical Center, 1989.*

³⁷ *Davies Medical Center Institutional Master Plan, 1989-1999, 1989.*

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ancillary to Acute Hospital functions, resulting in a single trip by patients to both the Acute Hospital and the Annex, while they are currently making one trip to the acute Hospital alone.

Davies' Transportation Coordinator has roughly estimated that of the 137 new on-site parking spaces that would be added at Davies, about 30% (41 spaces) would be assigned to physicians, 30% (41 spaces) to employees, and 40% (55 spaces) would be available for patient/visitor use³⁸ (see Chapter V, Mitigation Measures, page 114). The physicians and employees of the Annex would require 46 of the 82 parking spaces reserved for personnel in the parking structure. Visitors/patients of the Annex would require 30 of the 55 remaining parking spaces. Therefore, the parking structure would provide a net increase of 61 on-site parking spaces for employees, physicians, and visitors/patients at existing Davies facilities.

IV.D.1.2. On-Site Parking at Davies

Upon completion of the proposed project, the total institutional parking deficit at Davies would be reduced from 223 to 162 spaces (demand of 632 - supply of 470 = 162). The institutional demand for physicians and staff would be 501 spaces and the supply would be 305 spaces, a deficit of 196 spaces. For patients and visitors, however, the supply of 165 spaces would exceed the demand of 131 spaces by 34 (see Table 7, page 83). The reduction in the existing parking deficit by 61 spaces (223 - 162) could help reduce the impact on the neighborhood of a full parking lot at Davies. Total institutional demand is based on current commute patterns of employees and does not take into account the Medical Center's need to encourage alternatives to single occupant auto use.

Employees parking on-site at Davies pay \$30.00 a month and are issued parking cards which allow electronic access to specific on-site lots. Davies Medical

³⁸ *Davies Medical Center Institutional Master Plan, 1989-1999, 1989.*

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TABLE 7. INSTITUTIONAL PARKING SUPPLY vs. DEMAND

	Existing Demand	Proposed Project Demand	Total Demand (with project)
Physicians/Staff	455	46	501
Patients/Visitors	101	30	131
Total	556	46	632
	Existing Supply	New Parking Spaces	Total Supply (with project)
Physicians/Staff	223	82	305
Patients/Visitors	101	55	165
Total	333	137	470
	Existing Deficit (surplus)	Change Due to Project	Total Deficit (with project)
Physicians/Staff	232	(36)	196
Patient/Visitors	(9)	(25)	(34)
Institution	223	(61)	162

Source: *Parking/Traffic Study for Davies Medical Center*, 1989.

IV. ENVIRONMENTAL IMPACTS

Center implemented a fee increase from \$25.00 a month on January 1, 1991 to raise the cost above the \$28.00 cost of a MUNI Fastpass.³⁹ The \$30.00 on-site monthly parking fee at Davies⁴⁰ is less than at other San Francisco Hospitals. Monthly parking rates at other San Francisco hospitals range from \$40.00 to \$95.00/month, with the average monthly rate for five private hospitals being \$67.40. Children's Hospital of San Francisco is the most similar private hospital to Davies in terms of area parking problems. Monthly parking fees at Children's Hospital are \$50.00,⁴¹ (see Table 8, page 84). In 1988, 52% of Davies employees were parking on area streets.⁴² The Duboce Triangle Neighborhood Association does not believe that parking fees at Davies should exceed the existing rates because this could induce more hospital employees to park on neighborhood streets. This belief is not consistent with a transportation report prepared for this project which concludes that there is a strong positive linkage between higher parking rates and the likelihood of employee transit use and ridesharing.⁴³ The report also concluded that parking rate increases would not affect neighborhood parking as long as all available monthly parking cards are subscribed each month.

Table 8. On-Site Parking Rates

Davies	\$ 30.00
St. Mary's	\$ 40.00
Children's	\$ 50.00*
Kaiser	\$ 62.00
Mt. Zion	\$ 90.00
St. Francis	\$ 95.00

* For employees only, physicians park free.

Source: R. Dowling, Dowling Assoc.; written communication to Melissa Duryea, Bendix Environmental Research, Inc., Nov. 2, 1990.

³⁹ Greg Monardo, President, Davies Medical Center; written communication to Dr. Selina Bendix, Bendix Environmental Research, Inc., November 28, 1989.

⁴⁰ Greg Monardo, President, Davies Medical Center; memo to Doctors and Employees on December 28, 1989.

⁴¹ Lorie LaDue, Property Manager, Children's Hospital; telephone conversation with Melissa Duryea, Bendix Environmental Research, Inc., November 2, 1990.

⁴² Based on a survey after the May 1988 implementation of the Permit Plan.

⁴³ Supplemental TSM Program Analysis for Davies Medical Center, Dowling Associates, December 21, 1990.

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As of November 1989, hospital staff requesting on-site spaces were being placed on a waiting list of at least five years. As of September 1990, 126 employees are on this list and new employees are discouraged from adding their names to this list.⁴⁴ Carpoolers at Davies receive free parking and priority for parking spaces as they become available. Current parking cardholders, Annex users and a portion of those on the 5-year waiting list for parking cards would use all available on-site parking spaces after completion of the project. It can be assumed that those employees who would not have parking cards would continue their existing commute pattern. Therefore, construction of the parking structure would be unlikely to induce more employees to park in the surrounding neighborhood.

Patients and visitors parking at Davies are charged \$1.00 for the first half hour, \$0.75 for each additional half hour, \$7.50 per day under 8 hours and \$25.00 per day over 8 hours.⁴⁵ Swing-shift employees are charged \$1.00 per day and graveyard-shift employees park free in the evening and at night in the Visitors (upper) lot, which provides relatively safe parking for employees after dark. In the proposed project, parking fees for patients and visitors would remain the same as existing fees. See Table 3, page 43, for use of existing parking lots.

Nighttime use of the parking structure would be made available to neighborhood residents during non-peak parking demand times. "Off hour parking" during the week and weekends would be from 6:00 p.m. to 7:00 a.m. Initially 20 parking stalls would be available to residents who purchase off hour parking permits. Additional stalls would be used for single night use based upon availability. Residents with permits would be issued an off hour parking card and would be

⁴⁴ Karen Mamuyac, Department of Human Resources, Davies Medical Center; telephone conversation with Sharlene Speizer, Bendix Environmental Research, Inc., October 24, 1989.

⁴⁵ William Browmann, Administrative Director of Plant Maintenance, Davies Medical Center; written communication to Melissa Duryea, Bendix Environmental Research, Inc., October 10, 1990.

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allowed to exit and re-enter during the night, while single night users would be required to pay the \$1.00 fee upon each entry. Such use would not decrease the on-site parking supply generated by Davies during times when there is excess demand. If the parking demands generated by the physicians, employees, patients and visitors are met, then "off hour parking" could be extended from 5:30 p.m. to 8:00 a.m. during the week and weekends.

Parking lots at Davies are generally full from 10:00 a.m. to 3:00 p.m. on weekdays and individuals wishing to park are turned away and must park on neighborhood streets. Most patient visits are short term and some out-patients may choose to park free on neighborhood streets.

IV.D.1.3. Parking Impacts During Construction

Construction activities would displace 59 parking spaces at the Annex site and 98 spaces at the parking structure site. The parking structure would be constructed in two 6-month phases.

During the first six months of construction of the western half of the parking structure, 56 spaces in the Visitors lot would be lost. Parking for 49 vehicles on the deck of the Acute Hospital would partially compensate for this loss. A deficit of seven parking spaces would occur during 6 of the 30 months of construction. This deficit could result in an increase in patient, visitor, or physician parking on neighborhood streets. However, such an increase would be small relative to the on street supply in the vicinity of Davies, and would be of limited duration. Parking would continue to be available in the lower portion of the Visitors lot and in the Rehabilitation lot (see Figure 17, page 42, for location of parking lots).

During the second six months of construction, 93 spaces would be available on levels 2 and 4 of the western half of the parking structure and 49 spaces

IV. ENVIRONMENTAL IMPACTS

would continue to be available on the deck of the Acute Hospital. These spaces would compensate for the loss of 42 parking spaces on the eastern half of the Visitor lot during construction of the eastern half of the parking structure. A net increase of 100 parking spaces would result.

Construction of the Annex would begin after the parking structure was completed and available for full occupancy. Parking on the deck of the Acute Hospital would be eliminated at this point.

Approximately 30 to 35 construction workers would be on-site during construction of the parking structure and the Annex and would require 12 to 15 parking spaces.⁴⁶ Six parking spaces would be provided on-site for their use and the other 6 to 9 vehicles would park on neighborhood streets if the construction workers were not carpooling. The impact of these vehicles would be small over the 30 month construction period.

Davies would extend its TSM program to construction workers by encouraging the use of carpools and public transportation and by providing the 6 off-street parking spaces to minimize on-street parking. These on-site parking spaces would be temporary spaces used only during construction. These spaces would be parallel to the Acute Hospital and cars would park in tandem. The number of parking spaces available to Davies employees would not be decreased. Tandem vehicles would crowd the loading dock area and make deliveries more difficult.⁴⁷ Construction workers parking on neighborhood streets would be expected to park outside of the Residential Permit Parking Boundary, due to the two hour parking limit.

⁴⁶ Bruce Arsenault, Project Architect, Silver & Ziskind; telephone conversation with Melissa Duryea, Bendix Environmental Research, Inc., March 19, 1991.

⁴⁷ Greg Monardo, President, Davies Medical Center; telephone conversation with Melissa Duryea, Bendix Environmental Research, Inc., October 9, 1990.

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IV.D.2. TRAFFIC IMPACTS

IV.D.2.1. Traffic Impacts Associated with The Annex

The Annex is expected to generate almost 350 new vehicle trips daily, about three-fourths by patients and the remainder by physicians, nurses, and other employees. Most of the new employee trips would be concentrated between the hours of 8:00 and 9:00 a.m. and again between 5:00 and 6:00 p.m., because most of the Annex services would be outpatient, administrative or office-related.

Based on estimates of the number of employees expected to occupy the proposed Annex, patterns of vehicle use, peak hour person-trip rates and patients per physician from surveys, the Annex-generated traffic increase has been estimated at about 55 vehicle trip ends in the p.m. peak hour and about 27 vehicle trip ends in the a.m. peak hour⁴⁸ (see Table 9, page 88). Adding these trips to the existing 200 vehicle trip ends during the a.m. peak hour and 275 vehicle trip ends during the p.m. peak hour, the Annex would increase campus-wide vehicle trips to an estimated 227 a.m. and 330 p.m. total vehicle trip ends respectively. The vehicle trip ends for 25,000 sq.ft.

Table 9. Expected Person Trip Generation Rates for Proposed Project

<u>Land Use</u>	<u>PM Peak Hour Trips</u>
Office Space	43
Patient Support	17

of office space are calculated using CCSF Department of City Planning methodology, with a standard office space factor of 18.1 daily person trips per 1,000 gross sq.ft.⁴⁹ and an assumed 78% single passenger car use (i.e., 78% of all trips to

⁴⁸ Because patients would not be expected to arrive as early as the staff, it is assumed that the a.m. peak period is spread over 2 hours resulting in one half of the hourly peak hour trips of the p.m. peak hour.

⁴⁹ City and County of San Francisco Department of City Planning, *Typical transportation work scope for Neighborhood or Non-Downtown Projects*, April 1988.

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the site, by all modes, consist of a single person in a vehicle).⁵⁰ Approximately 20 new staff would work in the Annex. The vehicle trip ends for patient support are calculated based on an 85% staff attendance working 9 hours/day, 5 days/week, and an assumed 78% single passenger car use. The patient support space would not bring any additional patients or staff to the Annex. Table 10, page 89, shows the anticipated travel mode split for doctors, staff and patients at the Annex.

Table 10. Number of Project Trips Assigned to Each Travel Mode

	<u>Number of People</u>	<u>Drive Alone</u>	<u>Rideshare</u>	<u>Public Transit</u>	<u>Other</u>
Doctors	36	35 (96%)	<-----	1 (4%)	----->
Staff*	44	21 (47%)	10 (24%)	9 (21%)	4 (8%)
Patients	360	281 (78%)	N/A	47 (13%)	32 (9%)

* Assumes moderate TSM success.

Source: *Parking/Traffic Study for Davies Medical Center*, 1989.

IV.D.2.2. Traffic Impacts Associated with the Parking Structure

The proposed parking structure would provide a net increase of 137 parking spaces to the Medical Center supply of on-site parking. A corresponding increase in arrival and departure trip ends at Davies would be expected. It is estimated that of the 137 net new parking spaces, 30% (41 spaces) could potentially be assigned to physicians, another 30% to employees and 40% (55 spaces) to patients/visitors. Thus about 60% (82 spaces) would be used by Davies personnel and 40% by patients and visitors.

⁵⁰ Single passenger car use of 78% is derived from the weighted average of drive alone trip rates made by doctors, staff and patients in Table 10.

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The 41 employees using these spaces would be adding to the traffic arriving and leaving the campus lots, but would not drive through the neighborhood looking for parking spaces if they have a reserved space. Some of the 41 spaces assigned to employees would ultimately be assigned to carpools as the hospital continues to encourage the formation of carpools. Employees would be motivated to join carpools, because on-site carpool parking is convenient and free.

Of the 55 new spaces that would be available to patients and visitors, 30 spaces would satisfy the increased patient/visitor parking demand (based on survey data) that would be generated by the Annex. The remaining 25 spaces would provide parking for some of the patient/visitors who are already driving to the Medical Center who would otherwise park in the neighborhood. Because of historical parking deficits at Davies, the existence of the 25 additional spaces themselves would not be expected to change the transportation patterns of the patients or visitors and entice them to travel to the Medical Center by car instead of using public transit or being dropped off.

As discussed above, construction of the parking structure would not be expected to increase the number of current employees and patients who drive to the Medical Center and thus, in considering the traffic impacts associated with the parking structure, it is assumed that the new parking spaces available to existing employees and patients would not increase area traffic. This assumption is a result of the historical pattern of Davies employees and patients parking on neighborhood streets (currently estimated at about 174 employees per day). By providing parking for individuals already parking in the neighborhood surrounding Davies Medical Center, no increase in neighborhood traffic associated with these parking spaces would be expected, because these vehicles would no longer drive around the area looking for parking.

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Nighttime use of the parking structure by neighborhood residents would be limited to approximately 20 vehicles and traffic associated with such use is not expected to be significant.

IV.D.2.3. Traffic Impacts Associated with the Project

Existing peak-hour traffic to Davies Medical Center is estimated to be about 200 trip ends during the morning peak (8:00-9:00 a.m.), and 275 trip ends during the afternoon peak (4:45-5:45 p.m.). The proposed project would increase the peak number of a.m. vehicle trip ends to 227 and the peak number of p.m. vehicle trip ends to 330. There are currently an estimated 1,440 total trips daily to Davies Medical Center. The proposed project would increase the number of vehicle trips to approximately 1,800 (a 25% increase).

Peak-hour traffic was counted to determine the existing traffic patterns in the surrounding neighborhood and to project the impact on area traffic as a result of the proposed project. Volume to Capacity (V/C) ratios were determined and Levels of Service (LOS) were calculated for the four intersections adjacent to the Medical Center site, the Divisadero/Haight Streets intersection, and the Davies driveway off of Castro Street (see Figure 28, page 92, for location of analyzed intersections). Level of Service is a qualitative description of an intersection's operation which ranges from A, representing free-flow conditions, to F, representing jammed conditions (see Appendix E, page A-54, for definition of Levels of Service).

The DKS INTCAP computer program⁵¹ was used to calculate the LOS for all intersections, except the Davies driveway off Castro Street which was based on

⁵¹ Signalized intersection analysis program based on Circular 212 (Transportation Research Circular, Transportation Research Board of the National Academy of Sciences, No. 212, January 1980) developed by DKS Associates. The Circular 212 Planning Method allows for adjustments for the negative effects of pedestrians and bus/truck traffic on intersection functioning. Few trucks and buses were counted (a maximum of two trucks/buses on any street) at area intersections and pedestrian counts confirmed that the number of pedestrians is not large enough to cause traffic problems, therefore the INTCAP runs were not adjusted for pedestrians.

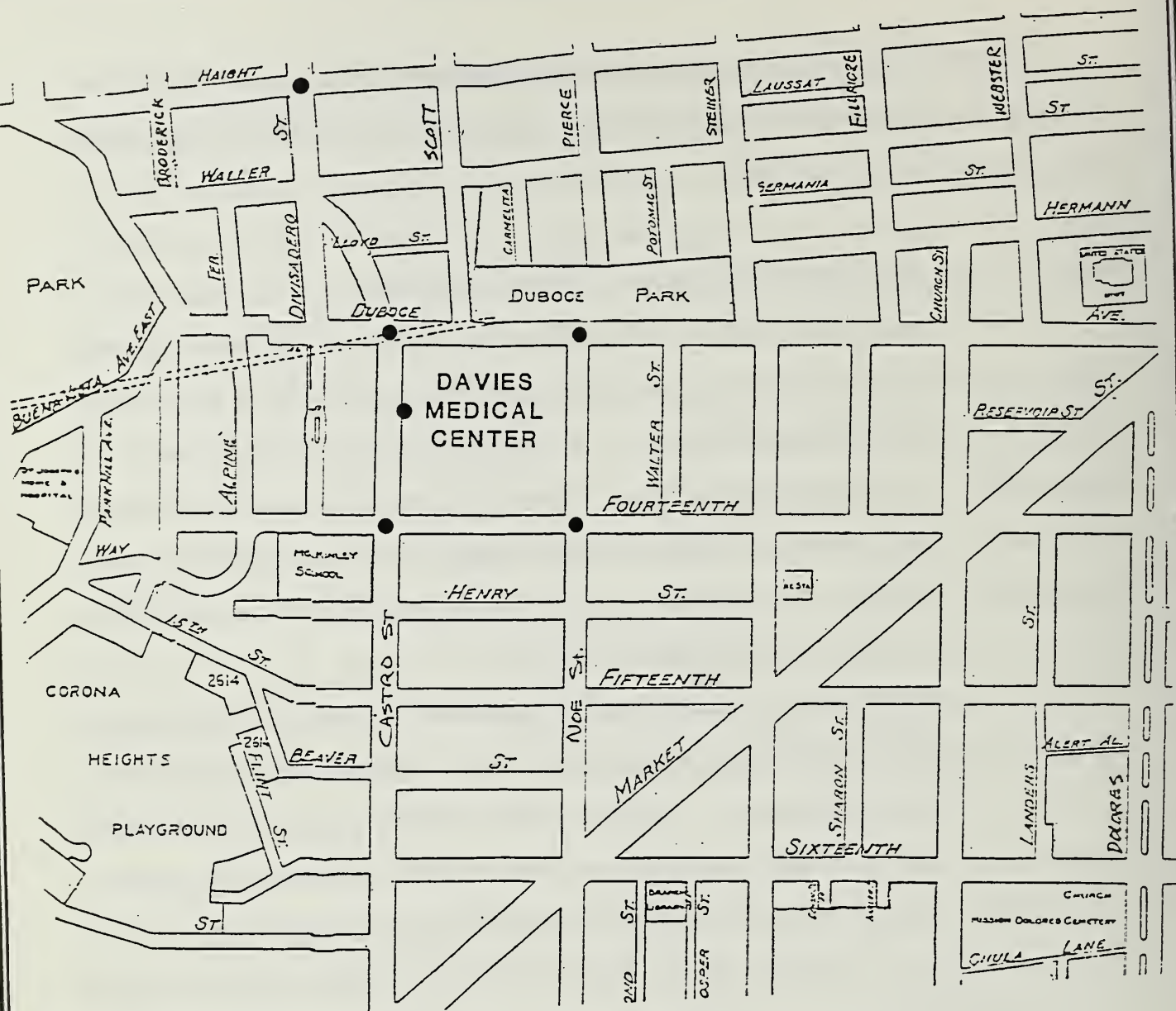


Figure 28. Location of Analyzed Intersections

● Analyzed Intersection



Not To Scale

SOURCE: Bendix Environmental Research, Inc.

IV. ENVIRONMENTAL IMPACTS

the UNSIG 10 method.⁵² Except for the driveway, "Project-generated traffic" includes traffic that would be generated by the Annex and assumes no additional traffic from the parking structure itself for the reasons discussed in the previous section.

For each of the intersections, three conditions were analyzed: existing conditions; existing plus project conditions; and 1995 conditions, which are existing conditions plus a 1% general growth factor over 5 years. Table 11, page 94, shows the results.

The proposed project would have the greatest impact on Level of Service at the Castro/14th Street intersection during the p.m. peak hour; the LOS at this intersection is D for existing and existing plus project conditions and D for 1995 conditions (V/C ratios 0.86, 0.88 and 0.90 respectively). A V/C of .90 describes an intersection operating almost at capacity, and vehicles at this intersection may be delayed several signal cycles before passing through the intersection.

The unsignalized Davies driveway off Castro Street has a p.m. peak hour LOS C for existing conditions, that would change to LOS D for existing plus project conditions and for 1995 conditions. The Project Sponsor would prohibit left turns from this driveway by posting a "NO LEFT TURN" sign if excessive queuing were to develop (see Chapter V, Mitigation Measures, page 114).

IV.D.2.4. Transit Use Impacts

The number of additional transit trips generated by the project has been estimated from existing employee and patient patterns of transit use and residence

⁵² Unsignalized intersection analysis based on the 1985 Highway Traffic Capacity Manual. Developed for the Federal Department of Transportation by the Center for Microcomputers in Transportation (McTrans), University of Florida, Gainesville, Florida.

Table 11. LOS for Area Intersection

	Castro/ Duboce	Castro/ 14 th St.	Noe/ Duboce	Noe/ 14 th St.	Divisadero/ Haight	Castro/Davies Driveway
Existing LOS (V/C)*						
a.m.	A (0.57)	A (0.58)	**	A (0.33)	A (0.45)	Castro Drwy S/bound in out A B A C
p.m.	A-B (0.59)	D (0.86)	A (0.40)	A-B (0.60)	D (0.82)	
Existing + Project Conditions						
a.m.	A (0.57)	A-B (0.59)	**	A (0.33)	A (0.45)	A B D
p.m.	A-B (0.59)	D (0.88)	A (0.40)	A-B (0.60)	D (0.83)	
1995 Conditionst						
a.m.	A-B (0.60)	B (0.61)	**	A (0.35)	A (0.47)	A B D
p.m.	B (0.62)	D (0.90)	A (0.42)	B (0.63)	D (0.88)	

* LOS = Level of Service. See Appendix E, page A-54, for definition of Levels of Service.
V/C = Volume to Capacity Ratio; number of vehicles in proportion to the carrying capacity of the street/intersection (capacity assumed to be 1225 vehicles per lane per hour at Noe Street intersections; capacity assumed to be 1425 vehicles/lane/hour at Divisadero/Haight; capacity assumed to be 1500 vehicles/lane/hour at Castro/Duboce and Castro/14th).

** Counts not taken because no a.m. peak hour contribution at Noe/Duboce is anticipated from the project due to traffic patterns.

† Existing LOS (V/C) + 5% factor for background growth, which includes project conditions.

Source: *Parking/Traffic Study for Davies Medical Center*, 1989.

IV. ENVIRONMENTAL IMPACTS

location. Table 12, page 96, outlines morning and afternoon peak hour transit trips and load factors associated with the proposed project. The most sensitive lines during the morning peak hour (8:00 to 9:00) would be the N Judah and L Taraval inbound lines. Both lines are now operating at a load factor of 1.52 and would experience an increase in load factor to 1.55 with the project.⁵³ Other MUNI lines in the project area operate at lower load factors during both the a.m. and p.m. peak hours and would be able to accommodate additional passengers.

IV.D.3. CIRCULATION IMPACTS

IV.D.3.1. Circulation Impacts Associated with the Proposed Project

The proposed project would eliminate the cardholder exit driveway on Duboce Avenue near Noe Street and displace 59 spaces in the northeast parking lot (see Figure 17, page 42, for existing cardholder exit driveway, and Figure 2, page 13, for the proposed site plan, showing proposed access to on-site parking lots). The proposed project would result in a decline in vehicle circulation in the northeast corner of the Medical Center. The proposed project would not cause other noticeable changes in vehicle circulation patterns around and within the Medical Center except during construction.

The main entrances to the Medical Center would continue to be from Castro and Duboce Streets. The main entry/ exit for the parking structure itself would be from either the existing entry/exit on Castro Street or from a new entry/exit on 14th Street, about 50 ft. east of the existing entry/exit. The cardholder access to the Visitors lot at the Castro Street and 14th Street driveways would continue to be used by visiting physicians (and possibly by Davies physicians

⁵³ A load factor of 1.00 means all seats are occupied with no standees. A load factor of 1.3 to 1.8 for these lines is considered to be normal. When load factors are greater than 1.8 or less than 1.3, MUNI considers additions to or deletions from their service routes, respectively; Robert Fossa, MUNI Scheduling Department, telephone conversation with Sharlene Speizer, Bendix Environmental Research, Inc., December 14, 1989.

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Table 12. Transit Use To and From the Project

A.M. PEAK HOUR (8:00 - 9:00) TO DAVIES MEDICAL CENTER			
<u>MUNI Transit Line</u>	<u>Project Transit Trips</u>	<u>Existing Load Factor</u>	<u>Project Load Factor</u>
24 Divisadero - SB	1	1.00	1.02
24 Divisadero - NB	1	0.92	0.94
J Church	-	1.38	--
L Taraval ¹	2	1.52	1.55
N Judah - OB ²	2	--	--
N Judah - IB	2	1.52	1.55
37 Corbett ³	-	0.88	--
P.M. PEAK HOUR (4:45 - 5:45) FROM DAVIES MEDICAL CENTER			
<u>MUNI Transit Line</u>	<u>Project Transit Trips</u>	<u>Existing Load Factor</u>	<u>Project Load Factor</u>
24 Divisadero - SB	1	1.01	1.03
24 Divisadero - NB	3	0.63	0.69
J Church	1	1.35	1.36
L Taraval ¹	2	1.47	1.50
N Judah - OB	3	1.32	1.37
N Judah - IB ²	1	--	--
37 Corbett ³	-	0.82	--

SB - Southbound, NB - Northbound, IB - Inbound to Downtown, OB - Outbound from Downtown.

¹ To be conservative, all transit trips associated with MUNI Streetcar lines K, L or M were added to the L Taraval line since this line has the highest existing load factors.

² Increased load factors were not analyzed since use in this direction is associated with non-peak use of the line.

³ To be conservative all expected increases were attributed to more heavily used transit lines.

Source: MUNI Scheduling Department and Bendix Environmental Research, Inc.

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and Davies employees) with parking cards. Similarly, the 14th Street entrance to the existing Employee parking lot would be used for both entry and exit by cardholders (see Figure 2, page 13, for proposed site plan with accesses).

The number of vehicles entering and exiting the three access driveways leading to the parking structure would be double the number currently using the three driveways. These access driveways (Castro Street, Duboce Avenue and 14th Street) currently lead to 184 spaces (spaces in the Visitors lot and the Rehabilitation lot). The same driveways would lead to 378 spaces when the proposed project is finished (294 spaces in the new parking structure, 58 spaces in the easternmost section of the existing Visitors lot and 26 spaces in the Rehabilitation lot), an increase of 105%. The lower section of the Visitors lot and the Rehabilitation lot would be contiguous to the lower level of the parking structure, and accessed through the main parking structure entrance or the 14th Street cardholder parking structure entrance.

Presently, vehicles seldom queue up to enter any of the three driveways that access the existing Visitors parking lot, the site of the proposed parking structure. With the project, the main driveway off Castro Street would provide off-street back-up space for five vehicles entering the physician cardholder entrance on level 2 and for four additional vehicles entering the visitor/patient entrance on level 1 of the parking structure. The 14th Street cardholder entrance to the parking structure would accommodate two vehicles on-site.⁵⁴ Delays would be minimized through card use by physicians and employees. Some delays would be expected as patient/visitor cars stop to pay the lot attendant before exiting. This queuing would affect on-site circulation in the parking structure and would not affect street traffic.

⁵⁴ Bruce Arsenault, Project Architect, Silver & Ziskind; written communication to Melissa Duryea, Bendix Environmental Research, Inc., September 28, 1990.

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Other parking spaces at Davies are accessed from other driveways. Access to the parking spaces in the loading dock area would continue to be from Duboce Avenue. The 14th Street entrance to the existing employee lot would be widened two to six ft. to accommodate use as both an entrance and an exit.

Davies would maintain three 14th Street entrances to the Medical Center. The existing 14th Street entrance to the existing Visitors lot would be moved 50 ft. to the east and would continue to be used as a cardholder entrance and exit. The existing 14th and Noe Street entrance to the employee lot would be used for both entry and exit for cardholders. The gated emergency entrance to the Rehabilitation lot would continue to be gated except in emergencies. The San Francisco Fire Code § 10.207 requires that this driveway provide 28 ft. unobstructed clearance for fire truck access. This driveway provides secondary fire truck access to the site in the event that the primary access point on Duboce Avenue is blocked.⁵⁵

Construction of the Annex would increase pedestrian traffic at the northeast corner of Davies along Noe Street where the main entrance would be located, and also along Duboce Avenue where the delivery entrance is located under the overpass connecting the Annex to Level A of the Acute Hospital.

The new handicapped ramp on the Noe Street frontage, in addition to a wheelchair ramp (constructed by MUNI) on Duboce Avenue near the corner of Noe Street would provide wheelchair access for disabled people to the proposed Annex and the Acute Hospital. A passenger drop-off zone would be located near the northern end of the Noe Street frontage (see Figure 5, page 17, First Floor Plan of Annex) next to the Annex entrance. Construction of the Annex and the above

⁵⁵ Milton Yuen, Fire Safety Inspector, Bureau of Fire Prevention; written communication to Greg Monardo, President, Davies Medical Center, February 13, 1990, and meeting with Bill Wycko, Department of City Planning, Department of Transportation, May 23, 1991.

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access facilities for Davies users would create an increase in overall pedestrian circulation in the northeast corner of the Medical Center.

Trucks making deliveries to the Annex would access the building from within the Medical Center site via the now-uncontrolled entrance on Duboce Avenue near Noe Street, along the east side of the Acute Hospital (see Figure 2, page 13 and Figure 5, page 17). During loading and unloading activities, trucks would park in the area marked "Deliveries," as they do now.

IV.D.3.2. Circulation Impacts During Construction

During construction of the parking structure, parking for 49 vehicles would be provided on the deck of the Acute Hospital (the Level A rooftop), accessed via a temporary ramp on the west side of the Hospital north of its main entrance (see Figure 2, page 13, for location of the temporary ramp). Vehicles would enter the Medical Center site from either Castro Street or the westernmost entrance on Duboce Avenue to reach the ramp and would leave via the same access points. Davies would allow only designated employees and doctors to use this temporary parking. They would be instructed to follow specific entry and exit routes.⁵⁶

Full-time doctors with parking cards, who normally would have used the 14th Street driveway to access the Visitors lot or the Rehabilitation lot, may be required, instead, to park in the temporary parking area and use the Castro or Duboce entrances. Some employees, who would normally not use either the Castro or Duboce entrances, would use those entrances if permitted to park in the temporary parking area. Visiting doctors with parking cards, who normally access the Visitors lot and the Rehabilitation lot from the Castro or Duboce entrances, but have

⁵⁶ Vehicles approaching the ramp from Duboce Avenue would be directed by a security guard to circle the loop in the Duboce Avenue driveway, then make a right turn onto the ramp, instead of cutting left across the driveway before entering the loop. Disruption of northbound driveway traffic would thus be avoided. Drivers exiting to Duboce Avenue would make a sharp right at the base of the ramp. Drivers who enter from Castro Street would take the first left, then the diagonal right up the ramp. They would exit by crossing the driveway at the base of the ramp, heading south along the loop, and turning right at the Castro Street driveway.

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been instructed to park in the temporary parking area, would not be expected to alter their arrival habits.

Once the temporary parking on the deck of the Acute Hospital is ready, the uphill (towards Castro) half of the existing Visitors lot would be closed for parking while half of the proposed parking structure is built on that segment. On completion of this half of the parking structure, a temporary ramp, approximately 12 ft. wide and 35 ft. long, would be built from the Castro Street Medical Center entrance to parking level four of the new structure (see Figure 2, page 13 and Figure 7, page 22), so that two levels of parking (levels two and four) would be available during construction of the other half of the parking structure. The downhill segment of the parking lot would then be closed until the entire structure is completed. Signs would be provided, as appropriate, to direct drivers to temporary access routes.

During construction of the parking structure, vehicles that park in the lower part of the Visitors and Rehabilitation lots would access these lots from the loading dock entrance off Duboce Avenue.

The parking structure would require excavation of about 3,100 cubic yards of material. About 240 round trips would be necessary to remove the excavated material, an average of 20 round trips per day for 12 days; 5 trucks making 4 trips each per day. Based on a 6 and 1/2-hour work period, three or four loads would leave the site every hour. The Annex would require excavation of about 3,100 cubic yards of material. The truck schedule for the Annex would be similar to that for the parking structure.

Trucks would arrive from the north on Castro Street, turn left onto Duboce Avenue, right onto Noe Street, and enter the Medical Center via the cardholder entrance on 14th Street closest to Castro Street. They would exit via the delivery entrance on Duboce Avenue, turn left onto Duboce Avenue, turn right on Scott

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Street and head north to Oak Street.⁵⁷ Intersection LOSs would not be expected to worsen, since trucks would not be traveling during peak commuter hours.

IV.D.4. RELATIONSHIP OF THE PROPOSED PROJECT TO THE TRANSPORTATION ELEMENT OF THE SAN FRANCISCO MASTER PLAN

The Transportation Element of the San Francisco Master Plan contains objectives and policies which may be used to evaluate the project. Table 13, page 102, Relationship Between Applicable Transportation Policies of the Master Plan and the Proposed Project, compares the project with these policies.

IV.D.5. TRANSPORTATION SYSTEMS MANAGEMENT (TSM)⁵⁸

IV.D.5.1. Existing TSM Program At Davies

Currently 55% of the day time hospital staff at Davies Medical Center drive alone to work. A goal of Davies' Institutional Master Plan is to reduce the drive alone mode split to 40%. While the current drive alone mode split is an improvement over 1986 levels, it is similar to 1978 levels.

Davies Medical Center currently pursues most of the TSM program activities outlined in the Draft Joint Institutional Transportation Brokers Association (JITBA) Transportation Management Program (TMP) guidelines.⁵⁹ The major exceptions are the lack of a shuttle service for employees, relatively low rates for monthly parking, and the sale of transit passes to employees at unsubsidized rates.

⁵⁷ Sam A. Caniglia, Contractor; written communication to Bruce Arsenault, Project Architect, Silver & Ziskind, October 15, 1990.

⁵⁸ *Supplemental TSM Program Analysis for Davies Medical Center, December 14, 1990*, by Dowling Associates. A copy of this report is available for public review in the case file at the Department of City Planning, 450 McAllister Street, San Francisco.

⁵⁹ *Draft Transportation Management Program Reporting Requirements for Institutions*, San Francisco Department of City Planning, San Francisco, CA, August 31, 1989.

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Table 13. Relationship Between Applicable Transportation Policies of the Master Plan and the Proposed Project

OBJECTIVES/POLICIES

RELATIONSHIP TO PROJECT

TRANSPORTATION ELEMENT

Objective 2. "Use the transportation system as a means for guiding development and improving the environment."

Policy 6. "Provide incentives for the use of transit, carpools and vanpools, and reduce the need for new or expanded automobile and automobile parking facilities."

The Davies Medical Center Transportation Systems Management (TSM) Plan encourages the use of transit and carpools by hospital employees through distribution of information about public transit routes and the RIDES ride-sharing program. The construction of a new parking structure on the site could reduce the effectiveness of such a program. However, Davies gives preferential parking space acquisition to carpools and waives parking fees for carpools.

Objective 10. "Ensure that the provision of new or enlarged parking facilities does not adversely affect the livability and desirability of the city and its various neighborhoods."

Policy 1. "Assure that new or enlarged parking facilities meet need, locational and design criteria."

The project would satisfy its own projected parking demand of 76 spaces. The parking structure would provide 137 net new parking spaces at Davies Medical Center. The 61 spaces not required by project demand would partially address the existing parking deficit at Davies Medical Center.

Policy 5. "Make existing and new accessory parking available to the general public for use as short-term or evening parking when not being utilized by the business or institution to which it is accessory."

Davies would allow neighborhood use of the parking structure during non-peak parking demand times, from 6:00 p.m. to 7:00 a.m. See Chapter II. Project Description, page 21, for the description of nighttime use of the parking structure by Davies' residential neighbors.

(continued)

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Table 13. Relationship Between Applicable Transportation Policies of the Master Plan and the Proposed Project (continued)

Objective 11. "Contain and lessen the traffic and parking impact of institutions on surrounding residential areas."

Policy 1. Limit the provisions of long-term parking facilities at institutions and encourage such institutions to regulate existing facilities to assure use by short-term clients and visitors."

110 parking spaces (or 33% of total spaces available) are now used for short-term visitor parking. With the proposed project, approximately 165 spaces (or 35% of all spaces) would be for patient/visitor use. Short-term parking fees would remain the same and are designed to be low enough to discourage visitors from parking on neighborhood streets, whereas Davies employees would be discouraged from parking in the Visitors lot because the fee for parking over 8 hours is \$25.00.

Objective 12. "Relate the amount of parking in residential areas to the capacity of the city's street system and land use patterns."

Policy 3. Protect residential neighborhoods from the parking impacts of nearby traffic generators.

The proposed parking structure would help relieve some of the parking pressures exerted by Davies on adjacent residential areas.

Source: Department of City Planning, *Master Plan, 1988*, and Bendix Environmental Research, Inc.

IV.D.5.1.1. TSM Program Results To Date

The drive alone mode split of hospital staff employees at Davies Medical Center increased from 54% in 1978 to 63% in 1986 (see Table 14, page 104). Between 1986 and 1989 a 2-hour residential parking permit (RPP) program was established by the City of San Francisco in the neighborhoods surrounding Davies. The drive alone mode split at Davies dropped back to 55% by 1989. Transit use and ridesharing, while improved over 1986 levels, is currently at levels similar to 1978.

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Table 14. Davies TSM Program Results and Goals

Commute Mode	1978	1986	1989	Intermediate Goal	Maximum Goal
Drive Alone	54%	63%	55%	47%	40%
Rideshare	18%	14%	19%	24%	28%
Pub. Transit	20%	16%	19%	21%	24%
Other	8%	7%	7%	8%	8%
TOTAL	100%	100%	100%	100%	100%

Source: *Davies Medical Center Institutional Master Plan, 1989-1999, 1989.*

While the overall mode split levels are equivalent to 1978 levels, they actually represent a net improvement, since the levels have remained steady at the same time as the percent of employees living in San Francisco decreased from 68% to 56% (see Table 15, page 105). The transit ridership percentages are significantly higher for San Francisco residents (approximately 50%) than they are for non-San Francisco residents (typically 5% to 30%). The mode splits for employees living in the East Bay and North Bay have improved since 1978, while mode split levels for San Francisco and Peninsula residents have remained relatively constant since 1978.

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Table 15. Trends in Employee Residence Location

Residences	1978	1986	1989
San Francisco Peninsula	68%	61%	56%
East Bay	N/A	17%	18%
North Bay	N/A	10%	16%
	N/A	12%	10%
TOTAL	100%	100%	100%

Source: *Final Parking/Traffic Study for Davies Medical Center*, Bendix Environmental Research, Inc., 1989.

IV.D.5.1.2. Current TSM Program Activities⁶⁰

The Department of Human Resources at Davies Medical Center is responsible for preparing the TSM plan, implementing their TSM program, and monitoring the program's effectiveness.

Parking Management Program

- The Davies Medical Center's policy is to provide adequate parking, at a reasonable rate, for patients, visitors, doctors and employees in that order of priority.⁶¹ A high priority for Davies is ensuring that adequate safe parking is provided for swing-shift employees, graveyard-shift employees, and physicians (who must have easy access to parking to avoid delays in emergency situations).

- Monthly parking cards at Davies currently cost \$30.00. The cost was increased from \$25.00 on January 1, 1991. Monthly parking fees are waived for carpools. Employees without cards are discouraged from using the Visitors lot by a charge of \$25.00/day for those cars parked over 8 hours.

⁶⁰ *Parking/Traffic Study for Davies Medical Center*, Bendix Environmental Research, Inc., 1989.

⁶¹ *Davies Medical Center Institutional Master Plan, 1989-1999*, 1989.

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- The number of monthly parking cards issued to employees is currently limited to 85 for physicians, 30 for carpools, and 128 for the rest of the employees. There are approximately 126 employees on the waiting list for monthly parking cards. Carpools are automatically moved to the head of the waiting list.

Transportation Brokerage Services

- Davies informs employees of transportation options and the RIDES rideshare program through articles in the employee newsletter and notices accompanying paychecks. Davies provides information on public transit routes to new employees who receive an orientation packet that includes maps for AC Transit, MUNI, CalTrain, and BART.

- Davies has been selling public transit passes for MUNI, BART and Golden Gate Transit since March of 1989. They have been selling AC/BART/MUNI combination passes since April 1990. Davies sold an average of 45 MUNI, BART and Golden Gate passes per month in 1989 and 68 passes per month in 1990,⁶² a 50% increase.

- As of October 3, 1990, there were 28 organized carpools at Davies.

- Davies has held two transportation fairs since 1988. These fairs are designed to reacquaint employees with commuter options. Davies participated in "Beat the Backup Day" and "California Rideshare Week" in September/October, 1990.⁶³

- Davies provides 24 free bicycle lockers for employees and encourages handicapped patients who are capable to use BART and MUNI.

- A representative of the Medical Center's Department of Human Resources, which monitors TSM program success, participates in the Joint Institutional Transpor-

⁶² Greg Monardo, President, Davies Medical Center; written communication to Melissa Duryea, Bendix Environmental Research, Inc., November 2, 1990.

⁶³ Greg Monardo, President, Davies Medical Center; written communication to Melissa Duryea, Bendix Environmental Research, Inc., October 10, 1990.

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tation Brokers Association (JITBA), an organization of medical institutions with the goal of pooling resources for improved system planning.

- No shuttle service is currently provided for commuting employees by Davies, and employee transit passes are not currently subsidized by Davies.

IV.D.5.2. TSM Experience at Other Institutions

Three other major medical institutions located in the same general area as Davies were selected for comparison of TSM programs and program results. They are St. Mary's, Kaiser, and Mt. Zion. These three institutions are all located west of Van Ness Avenue and north of Market Street.

Davies is the smallest of these four institutions surveyed. It has the highest employee drive alone mode split of the institutions included in this survey.

Currently 55% of Davies hospital staff drive alone to work. The goal of Davies' TSM plan is to achieve 40% drive alone for its hospital staff. The three other institutions surveyed currently achieve 43% to 54% drive alone. The most successful of these institutions, Mt. Zion, is achieving 43% with a \$90.00 per month parking charge, no employee shuttle services, and no transit pass subsidies. The second most successful institution, Kaiser, achieves its 51% drive alone mode split with a \$62.00 per month parking charge, a shuttle to the Ferry Building, and subsidized transit passes for its employees.

IV.D.5.3. Recommended TSM Program Actions

Davies' TSM program has most, but not all, of the elements of the more successful institutions surveyed here. The following additional actions would be taken by Davies, within 90 days of project approval, to bring their TSM program up to the same level of effort as the other institutions:

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1. Increase monthly parking charges to \$50 to \$70/month, and
2. Provide discounts on monthly transit passes by \$10 to \$20.⁶⁴

IV.D.5.3.1. Monthly Parking Charges and Transit Pass Subsidies

As of January 1, 1991, Davies charges \$30.00 per month for employee parking on-site. A total of 128 monthly parking cards have been issued to employees and there are about the same number of employees on the waiting list.

Every \$8.00 increase in the monthly parking fee would reduce the drive alone mode split at Davies by about 1 percent, based on surveys of medical institutions in San Francisco.⁶⁵ Thus the current increase from \$20.00 per month (when the employees were last surveyed) to \$30.00 is likely to reduce employee drive alone by about 1% (55% to 54%). If Davies' monthly parking charges were increased to the same level as Kaiser (\$62.00), Davies could almost achieve its "moderate" TSM goal of 48% drive alone. An increase to Mt. Zion's level (\$90.00) would reduce Davies' drive alone mode split to 47% (see Table 16, page 108).

Table 16. Predicted Davies TSM Program Results With Varying Monthly Parking Rates

Monthly Rate:	1989 Rate \$20.00	1991 Rate \$30.00	Potential \$40.00	Kaiser Level \$62.00	Mt. Zion Level \$90.00
Drive Alone	55%	54%	53%	50%	47%
Rideshare	19%	20%	20%	22%	24%
Transit	19%	19%	20%	21%	22%

Source: Dowling Associates

⁶⁴ Greg Monardo, President, Davies Medical Center; written communication to Melissa Duryea, Bendix Environmental Research, Inc., March 15, 1991.

⁶⁵ *Factors Affecting TSM Program Effectiveness at Six San Francisco Medical Institutions*, R. Dowling, D. Feltham, W. Wycko, Transportation Research Board, Annual Meeting, January 1991.

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It is recognized that higher parking charges might increase the number of employees parking on the street. Given the long waiting list for monthly parking cards at Davies though, the parking charges could be increased until the waiting list is eliminated without adversely impacting the neighborhood. Any parking charge increase would have no effect on neighborhood parking as long as all the available monthly parking cards are subscribed each month.

In order to achieve the predicted level of effectiveness shown in Table 16 for an increase in monthly parking fees to \$90.00 per month, it would also be necessary to increase on-street parking enforcement by the City of San Francisco (which is now the responsibility of the Department of Parking and Traffic). Two-hour parking meters would probably have to be installed at the City's expense in the vicinity of Davies to assist enforcement officers.

Although there is no available research to document the numerical impacts of transit pass subsidies, it appears likely that a subsidy of monthly transit passes would function much the same as an increase in parking fees. The main distinction between parking charges and transit pass subsidies would be that transit pass subsidies would probably have little effect on ridesharing while parking charge increases would affect transit ridership. Thus a combined \$5.00 subsidy of transit passes and a \$5.00 increase in monthly parking fees would be expected to be almost as effective as a \$10.00 increase in parking charges (i.e. resulting in a 1% reduction in drive alone mode).

IV.D.5.3.2. Conclusions

In order to achieve Davies'"moderate" TSM goal of 48% of the hospital staff driving alone to work, it would be necessary to take the following actions (presuming continuation of all other current TSM program activities by Davies at their current levels):

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1. Increase monthly parking fees to from \$50.00 to \$70.00 per month;
2. Provide a \$10.00 to \$20.00 discount on the employee purchase of monthly transit passes.⁶⁶

Davies could also operate a free employee shuttle van between CalTrain, BART, the MUNI Metro Castro Street Station and Davies, much like Kaiser's existing shuttle service. However, the relatively small number of new transit riders attracted by the service may not warrant the extra cost of the service, the additional vehicle-miles travelled by the vans, and the revenue losses to MUNI. The relatively low number of employees at Davies (850 vs. 2000 at Kaiser) makes the shuttle service at Davies likely to be less productive than it is for Kaiser.

Achievement of Davies' 40% drive alone goal does not appear feasible without more extreme parking charges, installation of parking meters on neighborhood streets, and significant changes in the price of gasoline and the convenience of transit.

IV.E. VEHICULAR AIR IMPACTS

The proposed project would increase the number of vehicle trips in the peak a.m. hour by 30 trips and in the peak p.m. hour by 60 trips. These increases in traffic volumes would increase carbon monoxide levels along neighborhood streets. Carbon monoxide is an odorless, colorless, poisonous gas whose primary source in the Bay Area is automobiles. Concentrations of this gas are highest near intersections of major roads.

Worst-case concentrations of carbon monoxide near selected intersections affected by project traffic have been estimated using the Modified Linear Rollback method developed by the San Francisco Office of Environmental Review. This method

⁶⁶ Greg Monardo, President, Davies Medical Center, March 15, 1991, gave his written approval of these TSM program recommendations. A copy of this letter is available for public review in the case file at the Department of City Planning, 450 McAllister Street, San Francisco.

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relates emissions of carbon monoxide at intersections to concentrations measured during monitoring studies performed at the Sixth Street and Brannan Street intersection in 1985. The method predicts maximum 1- and 8-hour concentrations to be expected near intersections, corresponding to the 1- and 8-hour averaging times specified in the State and federal ambient air quality standards for carbon monoxide. The Modified Linear Rollback method and the assumptions made in its use for this project are described in Appendix F.

Table 17, page 112, shows the results of the intersection analysis for the peak 1-hour and 8-hour traffic periods in parts per million (ppm). The 1-hour values are to be compared to the federal 1-hour standard of 35 ppm and the State standard of 20 ppm. The 8-hour values in Table 17 are to be compared to the State and federal standard of 9 ppm.

Carbon monoxide concentrations were predicted at two intersections for three conditions: existing traffic (1990), existing plus project traffic (1990), and with cumulative traffic increases (1995).

Existing predicted concentrations for the 1-hour and 8-hour averaging periods do not exceed the State or federal standards. The addition of traffic from the proposed project would increase carbon monoxide levels by less than 0.1 ppm. Concentrations in 1995 with cumulative traffic increases would actually be less than current levels due to anticipated reductions in tailpipe emissions from vehicles. No violations of the State or federal ambient standards are predicted.⁶⁷

⁶⁷ Donald Ballanti, Certified Consulting Meteorologist; Air Quality Analysis for Carbon Monoxide Emissions at Davies Medical Center, October 16, 1990.

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Table 17. Predicted Worst-Case Carbon Monoxide Concentrations⁶⁸
(parts per million)

Location	Existing (1990)		W/ Project (1990)		Cumulative (1995)	
	<u>1-Hour</u>	<u>8-Hour</u>	<u>1-Hour</u>	<u>8-Hour</u>	<u>1-Hour</u>	<u>8-Hour</u>
Noe Street/ 14th Street	9.0	6.3	9.0	6.3	8.0	5.6
Divisadero/ Haight Street	9.9	6.9	9.9	6.9	8.6	6.0

IV.F. TRAFFIC NOISE IMPACTS

The noise of automobiles maneuvering on the open upper levels of the proposed structure would be heard by pedestrians on Castro and 14th Streets. The noise levels for cars starting and maneuvering in the parking structure would typically be in the range of 65 to 85 dBA at a distance of 15 ft.⁶⁹ These levels would decrease at a rate of 6 dBA for each doubling of distance from the source. Structural separation, landscaping along Castro Street and planting on the parking structure would help mute the automobile noise on the lower levels.

Ambient noise in the vicinity of the proposed project site is dominated by vehicular traffic. According to the Environmental Protection Element of the San Francisco Master Plan, day-night average noise levels (L_{dn}) are 75 dBA on Castro Street, 70 dBA on Duboce Avenue, and 60 dBA for general background noise.⁷⁰

In order to produce a 3 dBA increase in environmental noise, the minimum increase necessary to be perceived by most people, a doubling in traffic volume

⁶⁸ *Ibid.*

⁶⁹ Representative noise levels measured by Bendix Environmental Research, Inc., 2 October 1990.

⁷⁰ San Francisco Department of City Planning, *Environmental Protection Element of the San Francisco Master Plan*, 1974.

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on area streets would be required. The existing traffic volumes for the Castro/14th Street intersection (the most heavily impacted intersection) are 873 vehicles during the a.m. peak hour and 1272 vehicles during the p.m. peak hour. The traffic volumes predicted for 1995 Conditions (which includes the project) for the same intersection are 918 vehicles during the a.m. peak hour and 1356 during the p.m. peak hour. A maximum 5% increase in traffic volumes would be expected, even if all the additional 45 a.m. peak trip ends and 84 p.m. peak trip ends traveled through this intersection. This would not be a large enough increase in the total traffic volumes to have a noticeable impact on environmental noise levels.

G. GROWTH-INDUCING IMPACT

The project site has been institutional for years, within a fully developed residential area with commercial strips several blocks to the south and to the north. The addition of the Annex and parking structure in this context would not be expected to noticeably change the existing population patterns. The project would add 25,000 sq.ft. of office space, 23,500 sq.ft. of patient support space, and 137 net new parking spaces. The Annex would increase the population at Davies by about 80 employees and 360 patients daily. This small 9% increase in employment would not significantly increase the demand for new housing, retail goods, or services in the project area.

CHAPTER V. MITIGATION MEASURES

In the course of project planning and design, measures have been identified that would reduce or eliminate potential environmental impacts of the proposed project. Some of these measures have been or would be adopted and implemented by the Project Sponsor, Project Architect or project contractors and are proposed as part of the project. Some measures are under consideration. Implementation of some measures may be the responsibility of public agencies.

State law requires that a reporting or monitoring program be adopted regarding mitigation measures that are made conditions of approval for any project which would otherwise have significant environmental effects. As such, any alternative selected by the project sponsor and proposed to the City Planning Commission for approval will include a monitoring and/or reporting program to ensure compliance with all mitigation measures required as conditions of approval. The details of such a program, which could include activities by the project sponsor, the Department of City Planning, other City agencies, or outside consultants, will be included in the final presentation of the proposed project to the City Planning Commission.

Each mitigation measure and its status are discussed below. Where a measure has not been included in the project, the reasons for this are discussed. Any or all of the measures not included in the project could be required by the City Planning Commission to be included as part of the project as conditions of approval if the project is approved. Measures indicated with an asterisk (*) were adopted as part of the project in the Final Initial Study (see Appendix A, pages A-39 to A-42). The measures are consecutively numbered for ease in reference.

V. MITIGATION MEASURES

V.A. VISUAL QUALITY/DESIGN

Mitigation Measure Included as Part of the Project

1. The project sponsor will incorporate planting containers into the design of the parking structure and the Annex to enhance the visual appearance of both structures. Window bays and the stepped back design on the third and fourth floors of the Annex will decrease the appearance of massiveness.

The project sponsor will include screening and/or landscaping in the design of the parking structure, in consultation with Department of City Planning Staff, in order to prevent vehicle headlights from shining into residential windows.

Monitoring: The presence of bays and stepped back design in the Annex, as well as any necessary screening features in the parking structure, will be verified before issuance of the building permit. Photographs of the planting containers at both the buildings will be submitted to the building plan checkers at the Department of City Planning before issuance of the respective occupancy permits.

V.B. SHADOWS

Mitigation Measure Included as Part of the Project

2. The Annex will be designed to avoid casting Proposition K shadows on Duboce Park (see Shadow Impacts, page 71).

Monitoring: Plans will be reviewed by the Planning Department for compliance with this measure prior to issuance of the building permit.

V.C. TRANSPORTATION

Mitigation Measures Included as Part of the Project

3. Davies will continue to provide free parking for carpools and to give carpools priority for parking card acquisition. Davies will continue to limit

V. MITIGATION MEASURES

the number of parking cards available to employees and will distribute the 137 net new project parking spaces according to the following approximate percentages:

- 40% - patients/visitors
- 30% - doctors
- 30% - employees

Monitoring: Davies will provide written evidence of this policy to the Department of City Planning. Within a year of full occupancy of the Annex, the Project Sponsor will conduct, or cause to be conducted, a survey in accordance with methodology approved by the Department of City Planning, to assess campus-wide TSM program success. Thereafter, a bi-annual report on the effectiveness of the TSM program would be provided to the Department of City Planning. The number of carpools at Davies will be included in the bi-annual report on TSM effectiveness.

4. The deck on the Acute Hospital will be converted to a temporary parking lot for 49 cars during construction.

Monitoring: When the temporary deck is completed and in use, Davies will inform the Department of City Planning in writing.

5. During construction of the parking structure and the Annex, trucks will take the following routes to and from Davies Medical Center: trucks will arrive from the north on Castro Street, turn left onto Duboce Avenue, right onto Noe Street, and enter the Medical Center via the cardholder entrance on 14th Street closest to Castro Street. They will exit via the delivery entrance on Duboce Avenue, turn left onto Duboce Avenue, right on Scott Street and head north to Oak Street.⁷¹ Trucks will not travel during peak commuter hours.

⁷¹ Sam A. Caniglia, Contractor; written communication to Bruce Arsenault, Project Architect, Silver & Ziskind, October 15, 1990.

V. MITIGATION MEASURES

Monitoring: A copy of the contractor's contract with Davies Medical Center containing this provision will be sent to the Department of City Planning.

6. If excessive backups by exiting vehicles develop at the Castro Street driveway (as determined by the Department of City Planning), the Project Sponsor will prohibit left turns, which can create delays, from this driveway.

Monitoring: At the time of the bi-annual TSM report, Davies will inform the Department of City Planning in writing of the status of backups from the driveway, including comparison of actual to predicted LOS.

V.D. BIOLOGY

Mitigation Measures Included as Part of the Project

* 7. To protect the mature Monterey cypress and the Monterey pines along the perimeter of the Medical Center during and after construction, the Project Sponsor has consulted a certified arborist about the potential for harm to these trees and determined measures that would be taken to protect the trees:

- a. Where possible and appropriate on the basis of the health of the trees, trees to be removed for construction would be preserved and transplanted elsewhere on the Davies site. Such trees would be moved with a root ball of a size adequate to minimize transplantation shock, as advised by a tree expert.
- b. A fence would be constructed to protect the trees along the perimeter of the Annex and Parking Structure from damage to their trunks during construction activities.
- c. Trees designated to be retained which are accidentally killed during construction would be replaced by Davies with at least 15 gallon trees.

V. MITIGATION MEASURES

- d. A mechanism would be established in the construction contract to encourage construction workers to exercise caution when working near the trees (such as a \$50 fine for damage to a tree's bark or fines subtracted from a bonus to be split among all construction workers).
- e. The Monterey pines on the Davies campus are all infested by beetles.⁷² The presence of the insect is stressing the trees and would complicate the recovery phase after project-related pruning. A certified arborist would be retained by Davies to treat the trees.
- f. Construction contracts would prohibit storage, pouring or use of solvents, paints or other toxic materials within landscaped areas in order to protect the plants from chemical damage.

Monitoring: Quarterly reports on implementation of tree sparing mitigation measures would be submitted to the Department of City Planning by Davies from the start of site preparation activities to the completion of construction.

8. The temporary ramp to the parking structure, which is proposed for about the second six months of construction, will be constructed adjacent to the Castro Street driveway (see Figure 2, page 13, Proposed Site Plan). The location of the ramp was moved farther north to avoid potential damage to the Monterey cypress trees along the Castro Street frontage of the Medical Center. The ramp was proposed in the Davies Medical Center IMP to be at the center of the parking structure on the southern end of Castro Street.⁷³

Monitoring: Location of the temporary ramp will be verified before issuance of the building permit.

⁷² Ted Kipping, certified arborist. A copy of the consultant's field notes is available for public review in the case file at the Department of City Planning, 450 McAllister Street, San Francisco.

⁷³ *Davies Medical Center Institutional Master Plan, 1989-1999*, 1989, pp. 68-69.

V. MITIGATION MEASURES

V.E. HAZARDS

Mitigation Measures Included as Part of the Project

* 9. The Project Sponsor will require contractors to use the 14th Street access point to the parking structure construction site and not the main driveway on Castro Street. This will reduce traffic on the main driveway to the Emergency Room and the Hospital and reduce the risk of a conflict between emergency vehicles and construction trucks.

Monitoring: Davies will transmit a copy of written instructions to contractors to the Department of City Planning within 30 days of issuance.

* 10. An evacuation and emergency response plan will be developed by the Project Sponsor, in consultation with the Mayor's Office of Emergency Services, to insure coordination between the City's emergency planning activities and the project's plan and to provide for building occupants in the event of an emergency.

Monitoring: The project plan will be reviewed by the Office of Emergency Services and implemented by building management insofar as feasible before issuance by the Department of Public Works of final occupancy permits. A copy of the final plan will be transmitted to the Department of City Planning within 30 days of completion.

V.F. CULTURAL RESOURCES

Mitigation Measures Included as Part of the Project

* 11. Should evidence of cultural or historic artifacts of significance be found during project excavation, the Environmental Review Officer (ERO) and the President of the Landmarks Preservation Advisory Board will be notified immediately, and any excavation which could damage such artifacts will be halted. The Project Sponsor will select an archaeologist or other expert

V. MITIGATION MEASURES

acceptable to the ERO to help the Office of Environmental Review determine the significance of the find and whether feasible measures, including appropriate security measures, could be implemented to preserve, or recover such artifacts. The ERO will then recommend specific mitigation measures if necessary.

Monitoring: Copies of reports prepared according to this mitigation measure would be sent to the Department of City Planning and to the California Archaeological Site Survey Office at Sonoma State University. Excavation or construction that might damage the discovered cultural resources will be suspended for a maximum of four weeks (cumulatively for all instances that the ERO has required a delay in excavation or construction) to permit inspection, recommendation and retrieval, if appropriate.

V.G. GEOLOGY

Mitigation Measures Included as Part of the Project

12. A final geotechnical report will be prepared upon project approval by the San Francisco Planning Commission. The project will comply with any design recommendations made in the report to meet State requirements for hospitals and current building codes. All required design features for the Annex and the parking structure pursuant to this report will be present on the project plans. The Office of Statewide Health Planning and Development, the Office of the State Architect, Structural Safety Section, and the Division of Mines and Geology, Department of Conservation, will review the plans for the Annex, and the San Francisco Building Department will review the plans for the parking structure.

Monitoring: Davies will provide a copy of the final geotechnical report to all agencies responsible for reviewing and approving the building permits.

CHAPTER VI. SIGNIFICANT ENVIRONMENTAL EFFECTS THAT CANNOT BE AVOIDED IF THE PROJECT IS IMPLEMENTED

In accordance with § 21067 of the California Environmental Quality Act (CEQA), and with §§ 15040, 15081 and 15082 of the State CEQA Guidelines, the purpose of this chapter is to identify impacts that could not be eliminated or reduced to an insignificant level by mitigation measures included as a part of the proposed project, or by other mitigation measures that could be implemented, as described in Chapter V, Mitigation Measures, page 114.

The findings of significant impacts are subject to final determination by the City Planning Commission as part of its certification process for the EIR. This chapter in the Final EIR will be revised, if necessary, to reflect the City Planning Commission's findings. If the City Planning Commission finds that there would be a significant impact, then all approving bodies would be required to make formal findings of overriding consideration indicating how the benefits of the project outweigh its potential significant environmental effects.

Implementation of the proposed project would not result in any significant impacts.

CHAPTER VII. ALTERNATIVES TO THE PROPOSED PROJECT

This chapter identifies alternatives to the proposed project, discusses environmental impacts associated with these alternatives, and gives the Project Sponsor's reasons for rejection in favor of the project. Regardless of the Project Sponsor's reasons for rejection, the City Planning Commission could approve an alternative instead of the project if the Commission believed the alternative would be more appropriate for the site.

VII.A. NO PROJECT

This Alternative would entail no change at either of the two project sites on the Davies block. The sites would continue to be used as surface parking lots. The effects identified in Chapter IV, Environmental Impacts, including urban design, visual quality, shadow impacts, transportation, vehicular air impacts and traffic noise impacts, would not occur. Alternative A would preserve the option to develop a similar or different type of building or use on the sites in the future.

The Project Sponsor has rejected Alternative A because none of the development objectives would be met. According to Davies, without the Annex, expansion of on-site medical services would be halted due to overcrowding of existing facilities and the lack of available parking. Expansion of on-site offices for doctors treating AIDS patients would not occur. Without additional office space, Davies would not be able to attract doctors desiring offices near hospital facilities. The Project Sponsor believes that these doctors are needed to sustain the trend towards increased hospital-based outpatient services in lieu of more expensive hospitalization and to maintain current standards of medical services at Davies.

VII. ALTERNATIVES

VII.B. OFF-SITE CONSTRUCTION

Alternative B would involve construction of the Annex and parking structure at off-site locations. This Alternative would not cause the visual impacts, traffic congestion and parking impacts near Davies Medical Center which would be expected from the proposed projects, but would impose those project impacts on another neighborhood.

Area intersections would remain at existing LOSs with expected non-project growth of 1% annually, because traffic associated with the Annex would be displaced to another neighborhood. Traffic congestion at the Medical Center, particularly during the p.m. peak hours, would not be as congested as with the proposed project. However, off-site placement of the Annex would create an overall increase in miles traveled (hence in vehicular air pollution and energy consumption) between this Annex and the Acute Hospital for medical services not provided at the Annex. This traffic would be dispersed throughout the day.

The purpose of on-site placement of the Annex in the proposed project is to allow for access to hospital services such as clinical laboratories and radiology.

The purpose of an on-site parking structure in the proposed project is to provide convenient parking that would satisfy the parking demand generated by the Annex and would be available to employees and patients so that they would not park on neighborhood streets. Off-site placement of the parking structure would cause some individuals driving to Davies to park on neighborhood streets close to Davies in order to avoid the inconvenience of walking from an off-site parking lot. This would especially be true for out-patients, visitors and off-site doctors, whose stay at the Medical Center is generally short-term. An off-site location might not have the same proximity to the several modes of public transportation that serve Davies.

VII. ALTERNATIVES

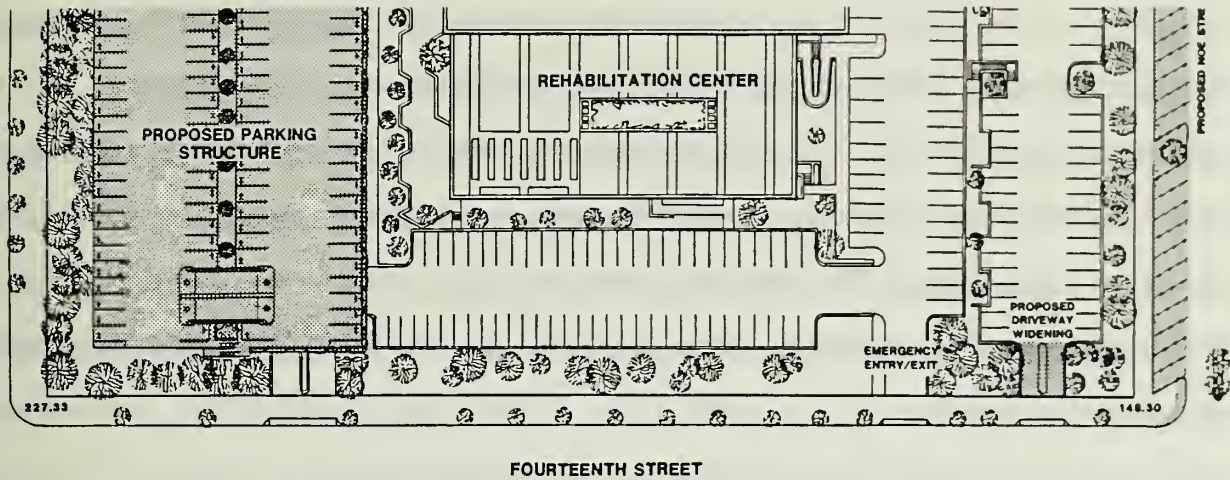
A different site in the area could violate Objective 6 of the Residence Element of the San Francisco Master Plan, which restricts the expansion of institutions into surrounding neighborhoods. The need to acquire off-site land would make Alternative B more expensive than the proposed project. Davies has not identified potential off-site locations for this Alternative since the most readily available land for development is on the Davies Medical Center campus itself. Due to the residential nature of the area surrounding Davies, it is unlikely that large sites appropriate for the needs of Davies Medical Center would be available.

The Project Sponsor has rejected Alternative B because: 1) The doctors in the Annex would not be available for emergency care services unless a site was found nearby; 2) Davies currently experiences overcrowding in its Medical Office Building because as a result of trends in the health care industry, more doctors require office space in locations that are readily accessible to hospital services; and 3) off-site placement of the Annex would not provide the level of coordinated medical services and convenience that would be provided by the proposed project.

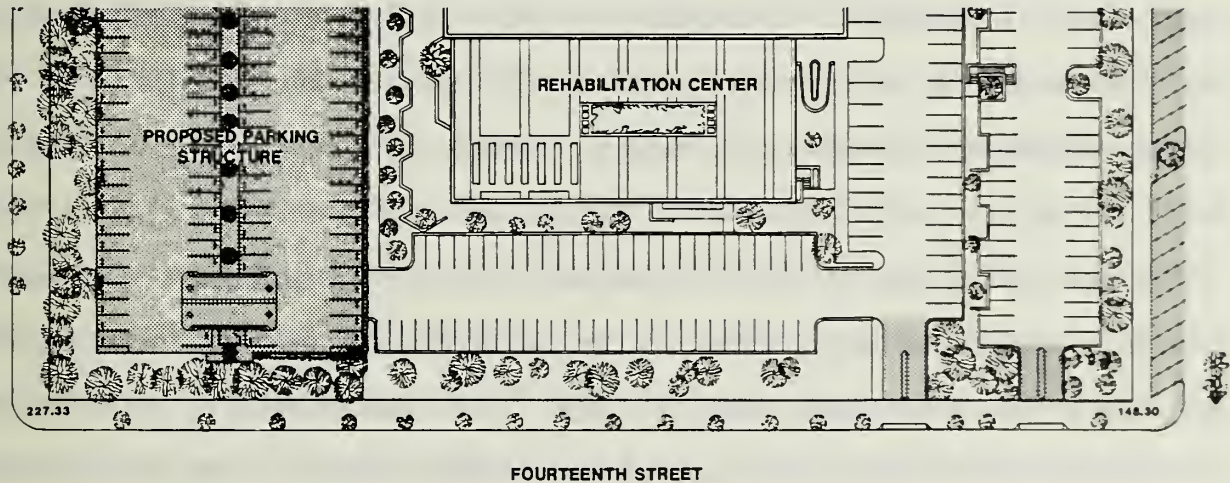
VII.C. ALTERNATIVE 14TH STREET ACCESSES TO DAVIES MEDICAL CENTER

VII.C.1. Using the Existing 14th Street Cardholder Entrance

Alternative C.1 would use the existing cardholder entrance to the upper and lower Visitor lots and Rehabilitation lot as the 14th Street access point to the proposed parking structure (see Figure 29, page 125). This alternative would maintain three access points on 14th Street, would not require removing any trees and would retain three parking spaces in the lower Visitors lot which would be eliminated in the proposed project.



VII.C.1. Using the Existing 14th Street Cardholder Entrance

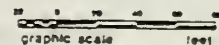


VII.C.2. Two Entrances on 14th Street

Figure 29. Alternative C: 14th Street Accesses to Davies



Proposed Project



SOURCE: Silver & Ziskind Architects

VII. ALTERNATIVES

Alternative C.1 would have similar traffic impacts to the proposed project. Alternative C.1 would have different visual impacts from the proposed project, because views of the 14th Street cardholder entrance would be of the southern facade of the three-story parking structure compared to views of a paved and landscaped parking lot and the eastern facade of the parking structure. All other impacts would be the same as those discussed for the proposed project. The Project Sponsor rejected Alternative C.1 at the request of the Department of City Planning.⁷⁴

VII.C.2. Reduced Number of Medical Center access points from 14th Street

The Duboce Triangle Neighborhood Association has requested that Davies Medical Center reduce from three to two the number of 14th Street access points to the Medical Center.⁷⁵ The proposed project would have three access points on 14th Street: one at the western end of 14th Street which would serve as the cardholder entrance to the parking structure, lower Visitors lot and the Rehabilitation lot; one at the eastern end of 14th Street which would serve as the entrance to the Employee parking lot; and one between the two above entrances which would provide secondary emergency access to the Rehabilitation parking lot and would be gated at all times (see Figure 2, page 13). Alternative C.2 would reduce the number of 14th Street access points to the Medical Center from three to two. The presently gated Rehabilitation lot entrance would not be gated and would be used as the primary cardholder entrance to the parking structure, lower Visitors

⁷⁴ At the project design review meeting on November 7, 1990, Lu Blazej, Department of City Planning, requested that use of this entrance be rejected by the Project Sponsor as the access point to the parking structure, because the visual impacts would be greater for residents opposite the parking structure than for the proposed project.

⁷⁵ Tom Kearney, President, Duboce Triangle Neighborhood Association; telephone conversation with Sharlene Speizer, Bendix Environmental Research, Inc., January 16, 1990.

VII. ALTERNATIVES

lot and the Rehabilitation lot; the cardholder entrance to the parking structure would be eliminated (see Figure 29, page 125).

Alternative C.2 would reduce the visual impacts of the parking structure because, without the 14th Street cardholder entrance to the parking structure, the parking structure could be more fully screened by landscaping.⁷⁶ In Alternative C.2 the primary views into the site from 14th Street would be at the Rehabilitation lot driveway and would consist of paved parking lots. In comparison, the primary views into the site from 14th Street for the proposed project would be at the parking structure cardholder entrance driveway and would be of a three-story parking structure with landscaping on both sides.

Alternative C.2 would increase the amount of internal traffic at the Medical Center. The Rehabilitation lot entrance is about 260 ft. from the parking structure, and cars would have to enter this entrance and drive through the lower Visitors lot to park in the parking structure. In addition, emergency vehicles trying to enter the Medical Center from either Duboce Avenue or 14th Street would be competing with other vehicles using those driveways. Such shared use of the driveways by institutional traffic (patients, employees, deliveries, etc.) and emergency vehicles is permissible, as long as 28 ft. of unobstructed access is provided.⁷⁷ Any infrastructure associated with the parking structure would have to provide for that 28 ft. of unobstructed clearance.

Nevertheless, the Project Sponsor does not believe that the Rehabilitation lot entrance should be used as the primary cardholder entrance to the parking structure, lower Visitors lot and the Rehabilitation lot because of the amount of internal traffic that this Alternative would generate. The Project

⁷⁶ *Ibid.*

⁷⁷ Milton Yuen, Fire Safety Inspector, Bureau of Fire Prevention; meeting with Bill Wycko, Department of City Planning, Transportation Department, May 23, 1991.

VII. ALTERNATIVES

Sponsor believes that this internal traffic would pose hazards to handicapped parkers. The handicapped parking area, which is in a relatively flat lot, is purposely located for safe and convenient access to the Rehabilitation Center.

VII.D. CHANGE TO CONSTRUCTION SCHEDULE

In Alternative D, construction of the Annex would begin after Phase I of the parking structure is completed and in operation (the lower two levels of the western half). The total construction time would decrease from 23 to 20 months. For 14 of the 20 months, while construction of Phase II of the parking structure and the Annex overlap, 6 trucks would make 4 round trips per day instead of 5 trucks making 4 round trips per day, an increase of 4 truck round trips per day.

Circulation and traffic impacts, as well as construction parking impacts, would be similar to those associated with the proposed project, but would not last as long. Ninety-three spaces would be available on levels 2 and 4 of the parking structure and 49 spaces would be available on the deck of the Acute Hospital. These spaces would compensate for the loss of 59 spaces at the Annex site and 42 spaces on the eastern half of the parking structure site. A net increase of 41 spaces would result. Approximately 20 construction workers would be on-site during the six month overlap period and would require approximately 12 parking spaces. Six parking spaces would be provided on-site for their use parallel to the Acute Hospital in the delivery area and the other six vehicles would park on neighborhood streets if there were no car pooling or transit use. The impact of the these vehicles would be negligible.

The parking structure would be available for full occupancy six months after construction of the Annex begins. Parking on the deck of the Acute Hospital would be eliminated at this time.

VII. ALTERNATIVES

The Project Sponsor is currently reviewing this alternative. According to the Project Sponsor, the AIDS epidemic is severely stressing the facilities at Davies Medical Center.⁷⁸ To meet the growing health care needs of the community, Davies requires additional nursing space and office space. The sooner the Annex is completed, the sooner Davies would be able to reactivate patient rooms in the Acute Hospital which currently hold administrative offices and patient support services. As a result of the existing lack of space, Davies has had to turn down requests for office space by physicians whose practice would include treating AIDS patients and a request by the San Francisco Department of Public Health to locate an HIV monitoring facility at Davies.

VII.E. ELIMINATE THE FOURTH FLOOR OF THE ANNEX

Alternative E would be a three-story design for the Annex. A three story building with the same square footage as the proposed project would be at the Duboce/Noe Street corner of the Medical Center campus and would appear more massive than the proposed project when viewed from the street (see Figures 30 and 31, pages 130 and 131).

A three-story design would be under 40 ft. and, therefore, exempt from the Proposition K prohibition against casting shadows on Duboce Park. The desired space cannot be provided in a three-story building with a stepped back design without enlarging the site and the length of the building along Noe Street. The southern half of the Noe Street edge of the site is designated for another use in Phase II of the Hospital's IMP.

⁷⁸ Greg Monardo, President, Davies Medical Center; telephone conversation with Melissa Duryea, Bendix Environmental Research, Inc., April 5, 1990.

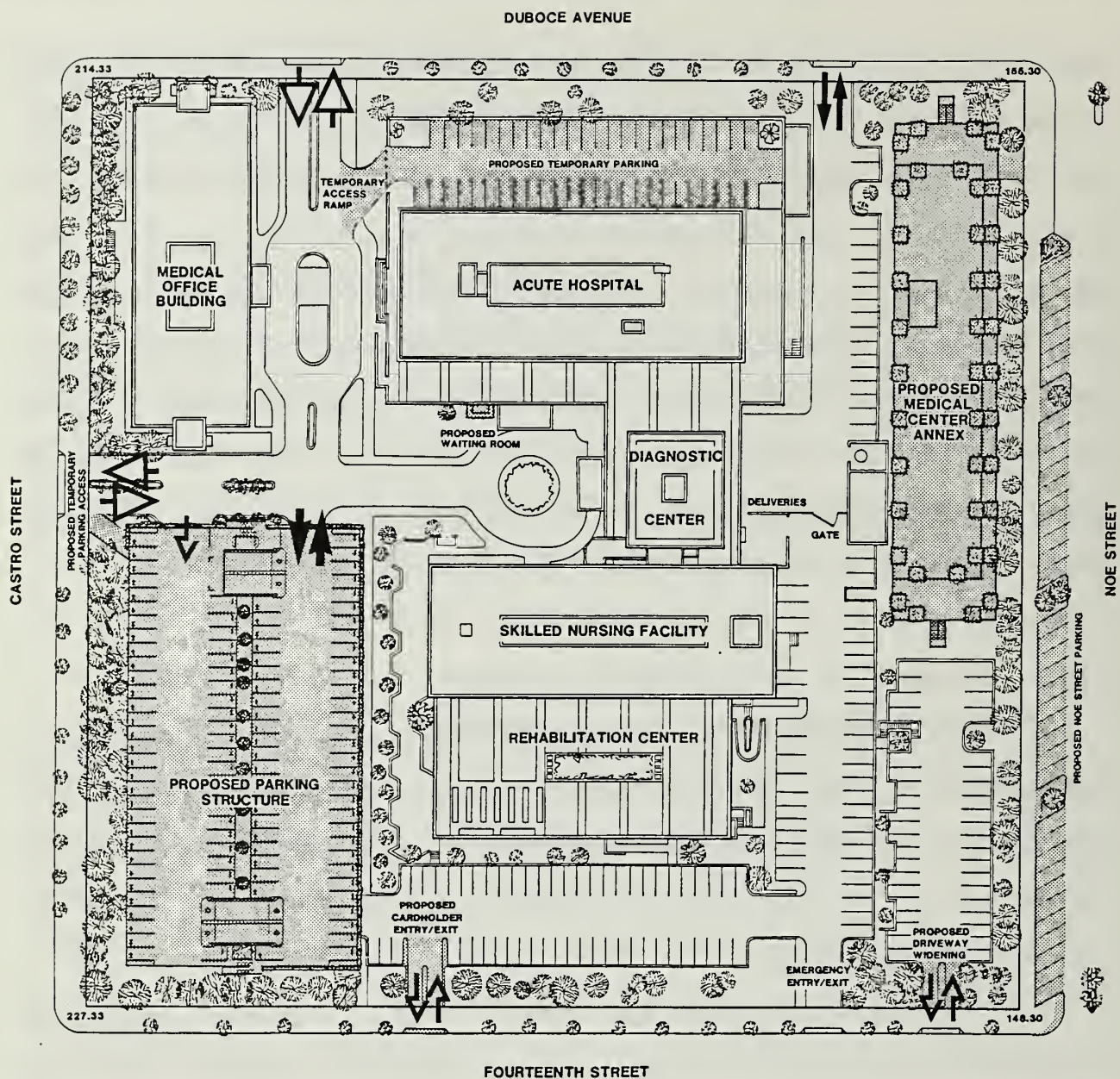
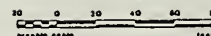
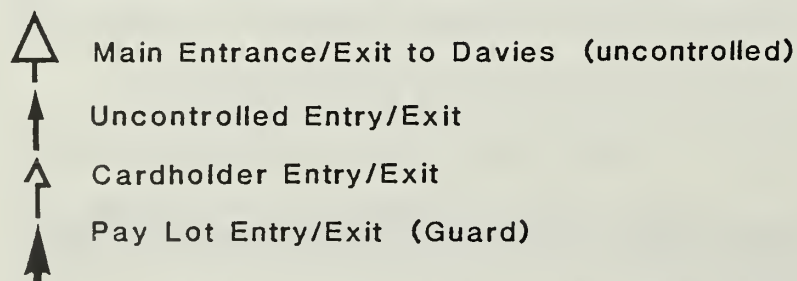
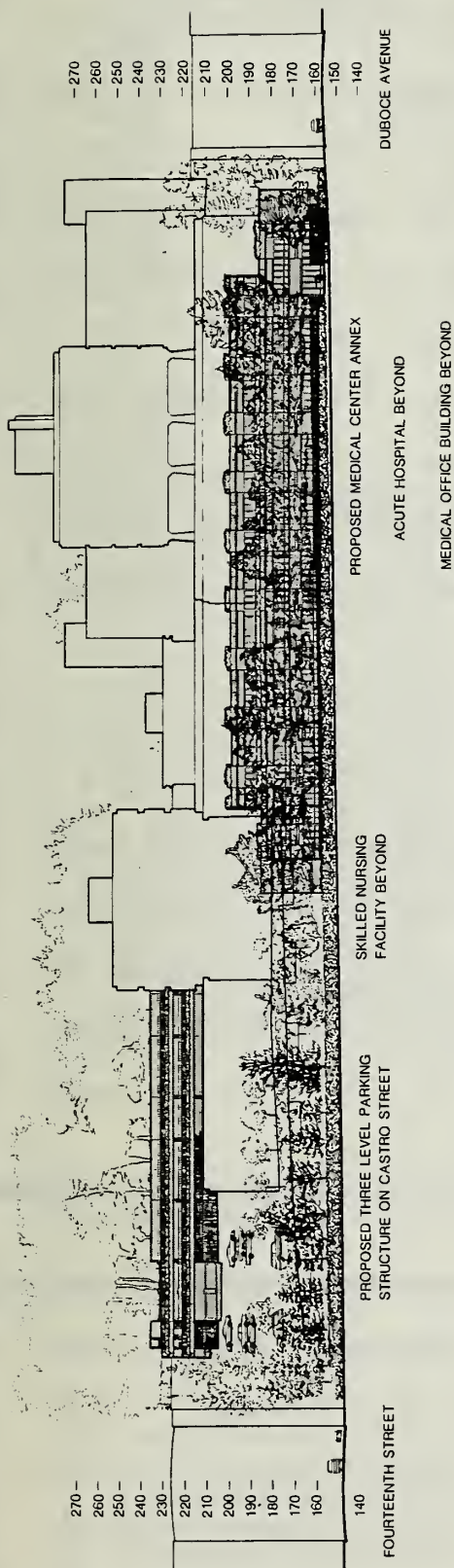


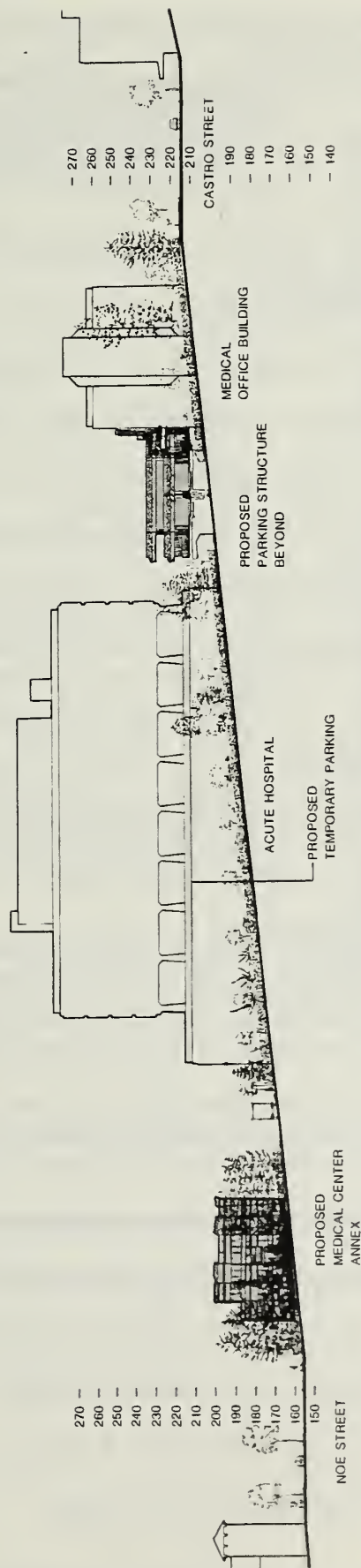
Figure 30. Alternative E: Elimination of 4th Fl. of Annex, Site Plan



SOURCE: Silver & Ziskind Architects and Bendix Environmental Research, Inc.



VII.E.1 ELEVATION ALONG NOE STREET LOOKING WEST



VII.E.2 ELEVATION ALONG DUBOCE AVENUE LOOKING SOUTH

Figure 31. Alternative E: Elimination of 4th Fl. of Annex, Elevations

VII. ALTERNATIVES

The primary function of the fourth floor in the proposed project is to provide a pedestrian and handicapped connection to the Acute Hospital from the Annex and to allow for convenient use by Annex patients and doctors of Acute Hospital Facilities. A building that is not four stories high would not allow for a barrier-free access for wheelchairs from the MUNI stop on Duboce Avenue to the Medical Center. Presently, wheelchair patients arriving at the MUNI stop must negotiate the steep grade on Duboce Avenue to enter the Hospital.

This design was rejected by the Project Sponsor because of the absence of a handicapped access to Acute Hospital facilities and the need for a connection between the Annex and the Acute Hospital for effective utilization of hospital facilities. The Project Sponsor also rejected this Alternative because the neighborhood preferred a stepped back design for the Annex.

VII.F. SMALLER ANNEX

In Alternative F, a 50% smaller building than the proposed Annex would be built. This Alternative would be less visible than the project, particularly as seen from the north end of Noe Street, the east ends of 14th Street and Duboce Avenue, and Duboce Park. A smaller building would retain the fourth floor to connect the Annex with the Acute Hospital, but would reduce the square footage of the building (see Figure 32 and 33, pages 133 and 134).

A smaller building would reduce the traffic impacts of the proposed project by about 50% and allow the parking structure to provide 68 additional spaces to meet existing parking demands generated by the Medical Center. Other impacts related to project gross square footage, such as utility use, would be about 50% less than for the proposed project. This Alternative would not require Planning Commission approval under § 321(b)4, the Office Development Limitation Program, Reserve for Smaller Buildings.

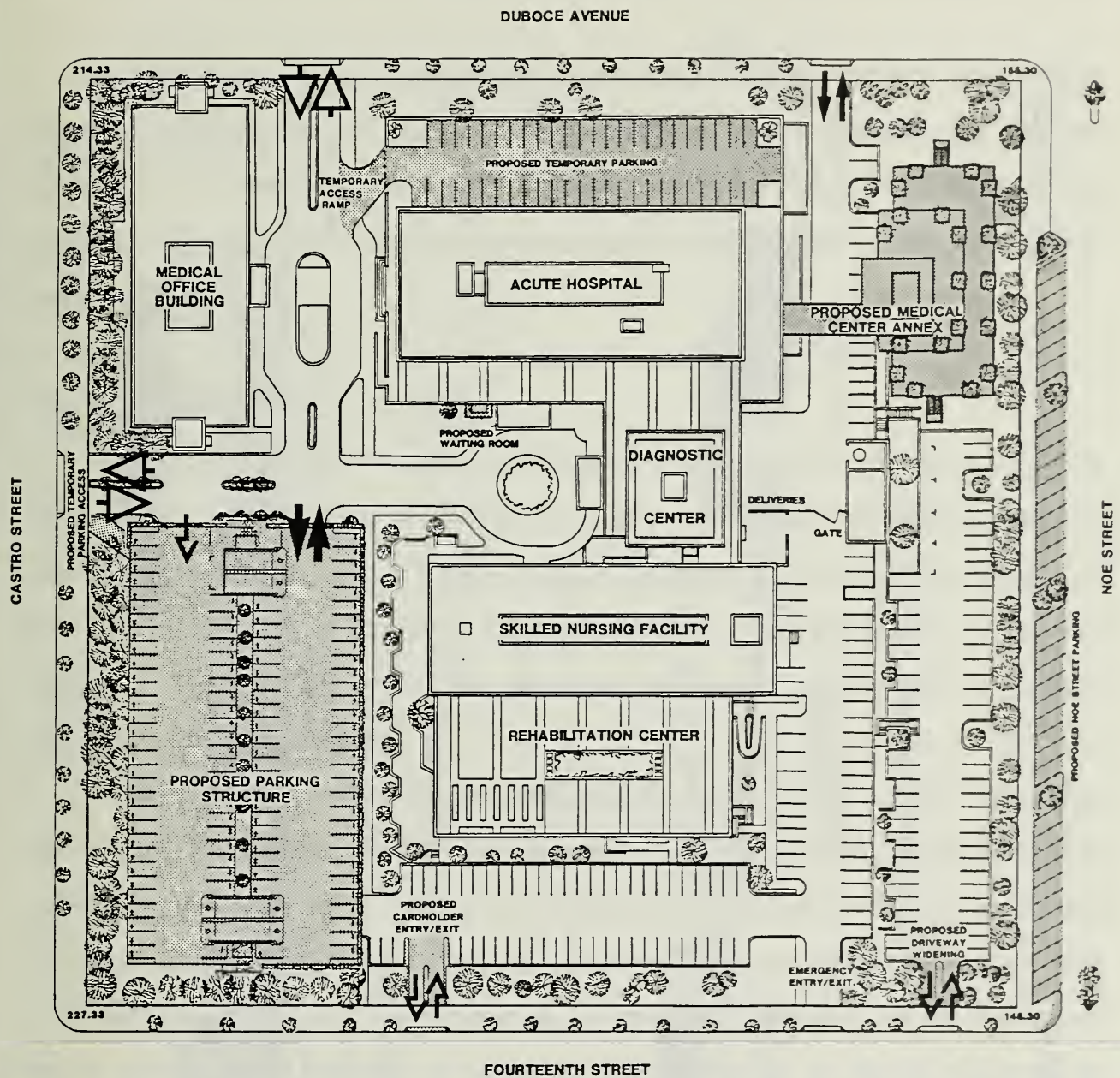
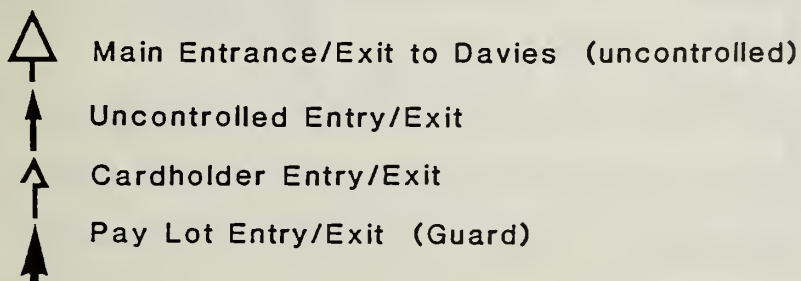
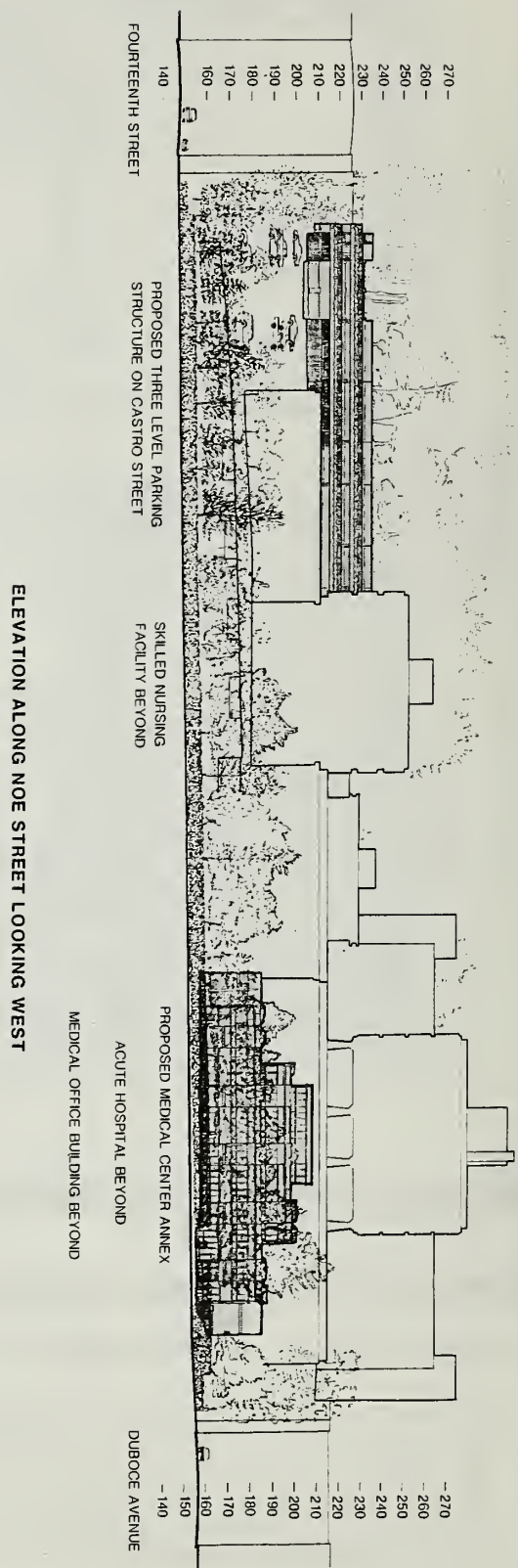


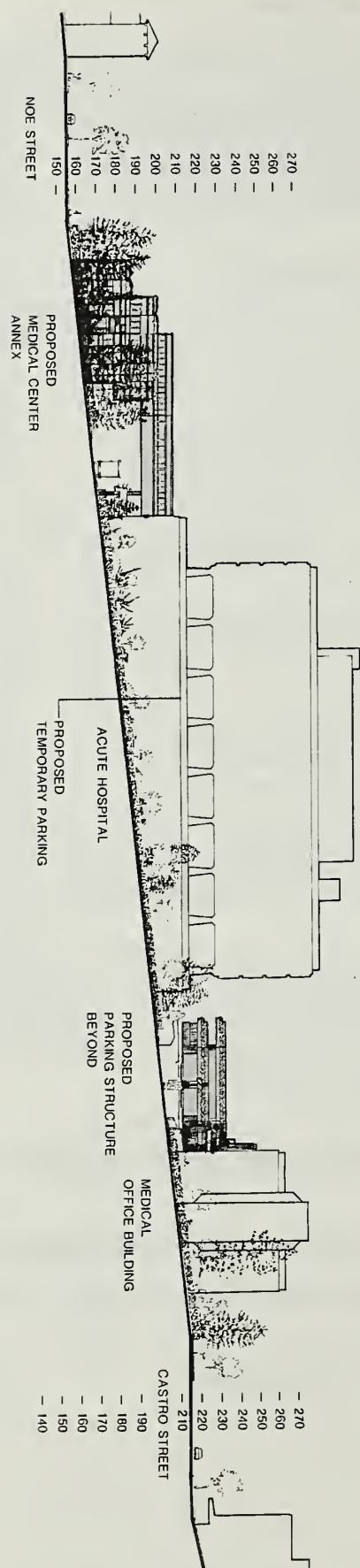
Figure 32. Alternative F: Smaller Annex, Site Plan



SOURCE: Silver & Ziskind Architects and Bendix Environmental Research, Inc.



ELEVATION ALONG NOE STREET LOOKING WEST



VII.F.2 ELEVATION ALONG DUBOCE LOOKING SOUTH



Figure 33. Alternative F: Smaller Annex, Elevations

Source: Silver & Ziskind Architects

VII. ALTERNATIVES

Alternative F was rejected by the Project Sponsor because the Project Sponsor believes that a smaller Annex building would restrict the Medical Center's professional growth, make it less cost-competitive with other health centers, and reduce Davies' ability to serve the health needs of the surrounding community.

VII.G. ELIMINATION OF THE ANNEX

In Alternative G the parking structure would be built and the Annex would not be built. Elimination of the Medical Center Annex from the proposed project would eliminate the visual impacts of the proposed building, the creation of new parking demands at Davies and the generation of increased traffic on area streets. Views of the Annex site would be similar to those given in Chapter III, Environmental Setting.

None of the traffic and parking impacts projected for use of the Annex would occur. Construction of the parking structure without the Annex would provide a net addition of 196 parking spaces (137+59) at Davies, by retaining 59 spaces on the Annex site. The existing parking deficit at Davies, calculated from employee surveys, is estimated to be about 223 spaces. This Alternative would satisfy 88% (196/223) of existing parking demand at Davies compared to 61% (137/223) for the proposed project. Area traffic would be expected to remain the same or decrease as a result of Alternative G because cars presently parking in the area would now drive directly to Davies to park rather than circle the neighborhood searching for on-street parking.

According to the Project Sponsor, without the Annex, expansion of on-site medical and surgical services, as well as AIDS patient services, would be halted due to the overcrowding of existing facilities. The Medical Center would be restricted in its ability to meet the primary healthcare needs of the surroun-

VII. ALTERNATIVES

ding community because the hospital would not be able to provide additional office space needed to attract medical and surgical specialists interested in being affiliated with Davies.⁷⁹

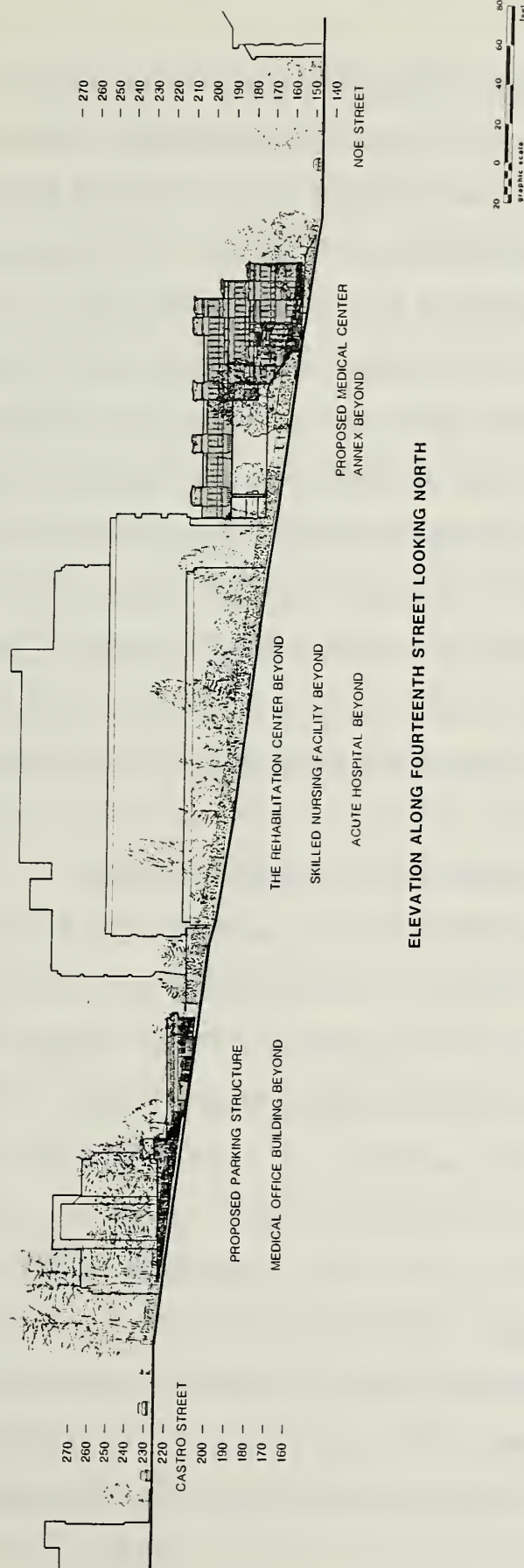
The Project Sponsor has rejected Alternative G because it believes that: 1) the medical demands on the Medical Center would not be met; 2) the construction of a parking structure only would tend to subvert the effectiveness of the TSM program; and 3) the construction of the parking structure, with the sole aim of satisfying existing parking demand, would not be cost effective.

VII.H. REDUCED SIZE OF THE PARKING STRUCTURE

A smaller parking structure would have two stories (in two bi-level sections) with a footprint the same size as the proposed structure (see Figure 34, page 137). A smaller parking structure would provide 186 parking spaces, 108 less than the proposed structure. Taking into account the 157 spaces which would be displaced by the parking structure and the Annex (98+59) the smaller parking structure would provide 29 net new parking spaces at the Davies campus. This would only partially satisfy the demand generated by the Annex, and would not address the existing parking deficit on the site, which is estimated to be 223 spaces.

This Alternative would reduce the development density at the Medical Center site and the visual impacts associated with the proposed parking structure. The smaller parking structure would not be visible from Castro Street. The structure would be approximately nine ft. lower than the proposed project and would not block views from the upper floors of 14th Street residences.

⁷⁹ Greg Monardo, President, Davies Medical Center; written communication to Sharlene Speizer, Bendix Environmental Research, Inc., February 2, 1990.



ELEVATION ALONG FOURTEENTH STREET LOOKING NORTH

Figure 34. Alternative H: Reduced Size of Parking Structure, Elevation

VII. ALTERNATIVES

Alternative H would not reduce the number of individuals driving to the Medical Center. A 42% smaller structure would increase the number of short-term parkers (patients, visitors, off-site doctors) parking free on neighborhood streets by approximately 108 vehicles, relative to the proposed project, as a result of being turned away from saturated Davies parking lots. This would result in a 7% increase in the number of vehicles parking on neighborhood streets, based on 1562 legal on-street parking spaces according to the 1988 parking survey. With a smaller parking structure, more Davies employees would continue to park in areas outside the Permit Plan boundaries than would do so under the proposed project, relocating rather than reducing the existing parking problem. The Project Sponsor has rejected this Alternative because a smaller structure would not supply the parking demand of Davies' patients, physicians and employees and would aggravate neighborhood parking problems.

VII.I. ALTERNATIVES TO THE NOE STREET SIDEWALK TREATMENT

This Alternative would change the design of the Noe Street sidewalk treatment in the proposed project. Three alternatives to the proposed project that have been identified are: 1) elimination of the sidewalk treatment from the proposed project; 2) use of the proposed drop-off zone as a vehicle loading area; and 3) movement of the passenger loading zone to Duboce Avenue.

I.1. Elimination of the sidewalk treatment would eliminate the passenger drop-off zone on Noe Street and would result in the loss of 10 potential parking spaces and require passenger loading and deliveries to be at the back of the Annex. Wheelchair patients would have to climb the relatively steep Duboce Avenue grade to reach the Annex. The Project Sponsor rejected this Alternative because of the increase in congestion at the back of the Annex and the potential

VII. ALTERNATIVES

conflicts that would result from delivery trucks, passenger cars and pedestrians all using the same entrance to the Annex.

I.2. Using the proposed passenger drop off and wheelchair access zone on Noe Street as a vehicle loading zone would decrease the number of trucks entering the site from Duboce Avenue. An increase in traffic on Noe Street would result. This Alternative would increase vehicle disturbance to Noe Street residents, and wheelchair and MUNI access to the Annex and Acute Hospital would be more difficult than with the proposed project. The Project Sponsor has rejected this Alternative as a result of comments by community group members who pointed out that climbing the hill from the MUNI stop to a Duboce Avenue access point could present a hardship to patients with mobility problems because of the grade on Duboce Avenue.

I.3. Moving the passenger loading zone and entrance from Noe Street to Duboce Avenue would reduce the visual and traffic impacts on Noe Street residents and pedestrians in the proposed project. Wheelchair patients would have to climb the steep grade on Duboce Avenue to reach the Annex. A Duboce Avenue frontage would increase traffic on Duboce Avenue. This Alternative was rejected by the Project Sponsor because a Duboce Avenue frontage would not be as convenient for wheelchair patients and because an entrance on Duboce Avenue would be less efficient for the design of the building.

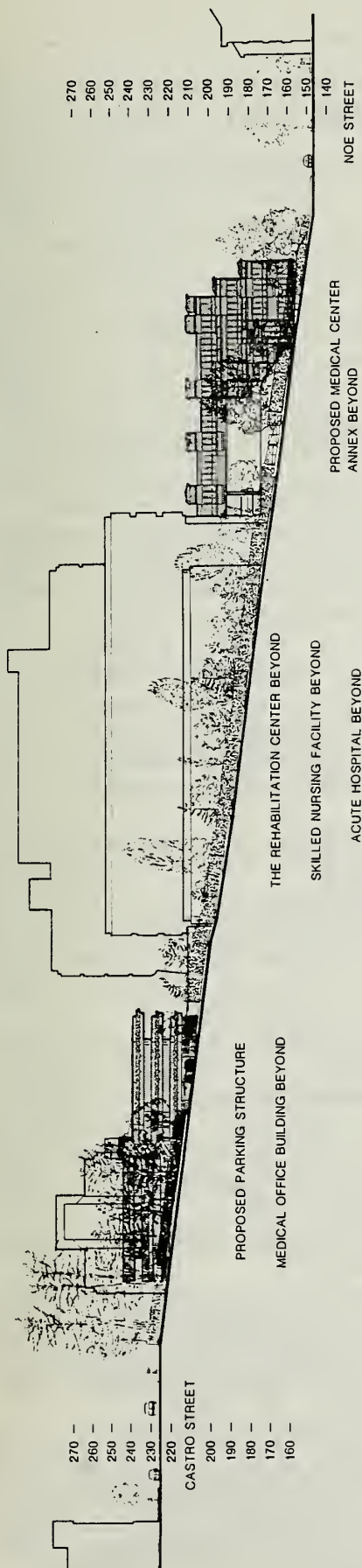
VII.J. LARGER PARKING STRUCTURE

In Alternative J the parking structure would be large enough to satisfy the existing parking demand of 556 spaces at Davies Medical Center. The project as proposed provides 470 spaces on-site, 86 spaces less than the existing demand. Therefore, the larger parking structure would have to provide 380 spaces (294 plus 86 spaces) to satisfy the existing parking demand at Davies.

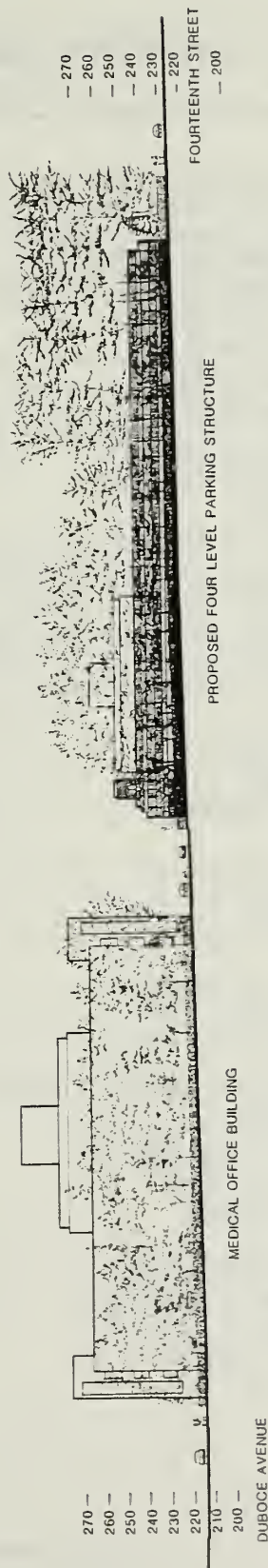
VII. ALTERNATIVES

To provide the additional 86 parking spaces, the parking structure would require two additional levels of parking and would be about nine ft. taller than the proposed project (see Figure 35, page 141). A parking structure of this height would emphasize the visual impacts along 14th and Castro Streets and would be visible to Castro Street residents. This parking structure would have greater traffic impacts at than the proposed project, particularly at the 14th/Castro Street intersection and the unsignalized driveway off Castro Street, because of the increase in traffic driving to and from the parking structure.

The Project Sponsor has rejected an increase in size of the parking structure because the Project Sponsor believes that increased availability of parking could act as an incentive for employees to drive to Davies. For the Project Sponsor, a larger structure is less desirable than pursuing Transportation Systems Management programs to simultaneously reduce parking demand and traffic.



VII.J.1 ELEVATION ALONG FOURTEENTH STREET LOOKING NORTH



VII.J.2 ELEVATION ALONG CASTRO STREET LOOKING EAST

Figure 35. Alternative J: Larger Parking Structure, Elevations

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APPENDICES

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DEPARTMENT OF CITY PLANNING 450 McALLISTER STREET • SAN FRANCISCO, CALIFORNIA 941

NOTICE THAT AN
ENVIRONMENTAL IMPACT REPORT
IS DETERMINED TO BE REQUIRED

Date of this Notice: November 17, 1989

Lead Agency: City and County of San Francisco, Department of City Planning
450 McAllister Street - 5th Floor, San Francisco, CA 94102

Agency Contact Person: Paul Maltzer

Telephone: (415) 558- 6391

Project Title: 87.847E

Project Sponsor: Davies Medical Center

Davies Medical Center

Parking Garage and Annex Building

Project Contact Person: Greg Monardo

Project Address: Block bounded by Noe, 14th, Castro, and Duboce Streets

Assessor's Block(s) and Lot(s): Block 3539, Lot 1

City and County: San Francisco

Project Description: Construction of three-story, 300 space parking garage at southwest corner of site (Castro & 14th Streets) and four-story, 48,000 square foot medical office/hospital annex building at northeast corner (Duboce & Noe Streets); plus additional minor site alterations.

THIS PROJECT MAY HAVE A SIGNIFICANT EFFECT ON THE ENVIRONMENT AND AN ENVIRONMENTAL IMPACT REPORT IS REQUIRED. This determination is based upon the criteria of the Guidelines of the State Secretary for Resources, Sections 15063 (Initial Study), 15064 (Determining Significant Effect), and 15065 (Mandatory Findings of Significance), and the following reasons, as documented in the Environmental Evaluation (Initial Study) for the project, which is attached.

Deadline for Filing of an Appeal of this Determination to the City Planning Commission: November 27, 1989.

An appeal requires: 1) a letter specifying the grounds for the appeal, and;
2) a \$75.00 filing fee.

Paul A. Neutsch

BARBARA W. SAHM, Environmental Review Officer

DAVIES MEDICAL CENTER ANNEX AND PARKING STRUCTURE

INITIAL STUDY

87.847E

November 17, 1989

I. PROJECT DESCRIPTION

Davies Medical Center proposes the construction of a three-story, 300-space parking structure (in two sections and six levels), a four-story, 48,000 sq.ft. Medical Center Annex Building, a two-story elevator, an enlarged waiting room for emergency patients, the relocation of a pantry, and the narrowing of the Noe Street sidewalk to permit diagonal parking. The proposed project is presented as Phase I development in the 1989 Davies Institutional Master Plan.

The Project Sponsor proposes construction of the 111,400 sq.ft., three-story, 300-space parking structure on the southwest corner of Assessor's Block 3539 which is bounded by Noe, 14th, Castro and Duboce Streets (see Figure 1, p. 2). The structure would front on Castro and 14th Streets with vehicle entrances and exits on 14th Street and at the hospital driveway off of Castro Street (see Figure 2, p. 3). The parking structure footprint would be approximately 34,500 sq.ft. It would displace 101 parking spaces of the existing paved surface parking lot on the site. Allowing for the loss of 36 spaces at the Annex site, the parking structure would provide a net increase of 163 spaces at the Medical Center.

Parking levels 1 through 4 would be open to the air at the sides. The top story, levels 5 and 6, of the parking structure would be open, without a roof. The structure would be about 28 ft. tall with approximately one-half of the mass of the structure would be below street level at Castro Street.

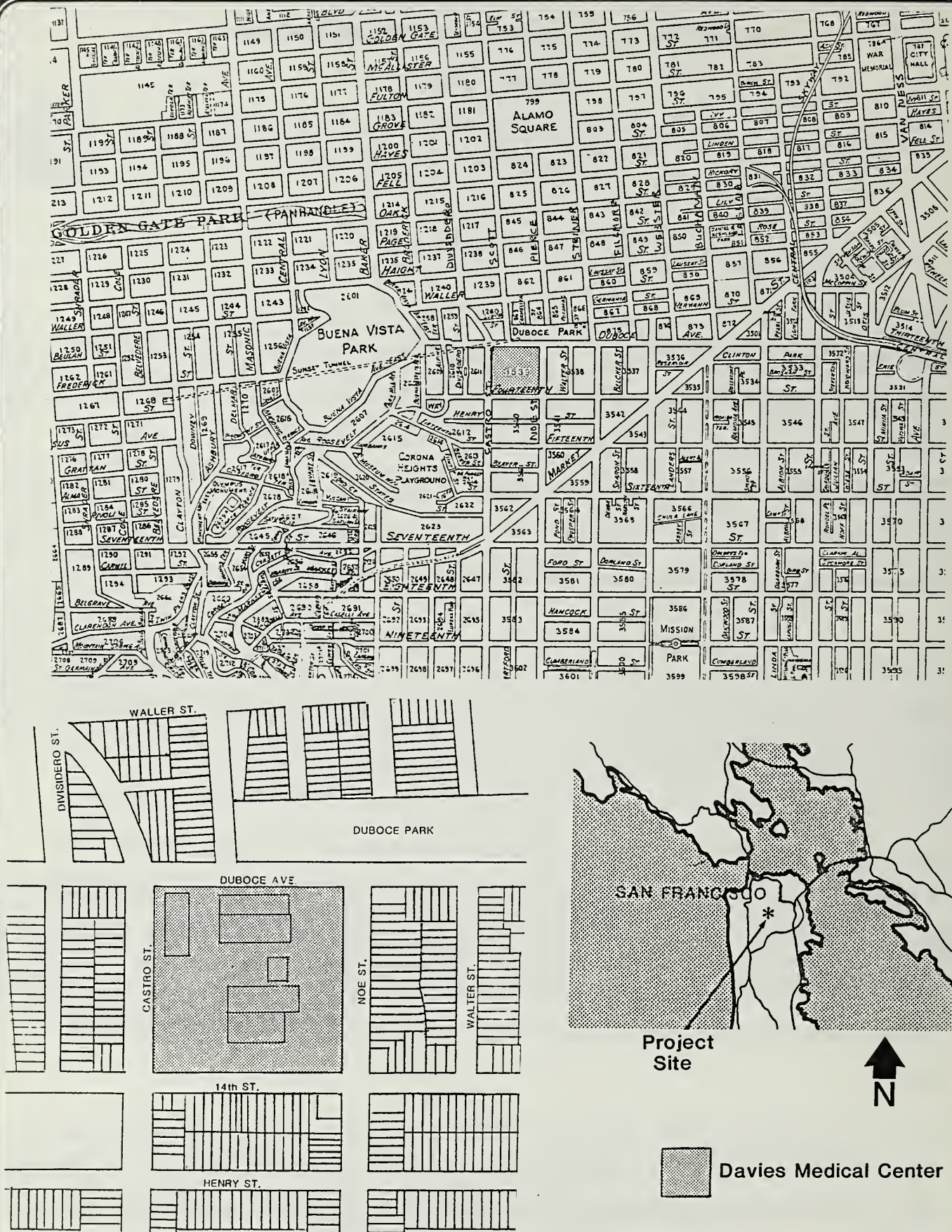


Figure 1. Site Location

SOURCE: San Francisco Dept. of City Planning and Bendix Environmental Research, Inc.

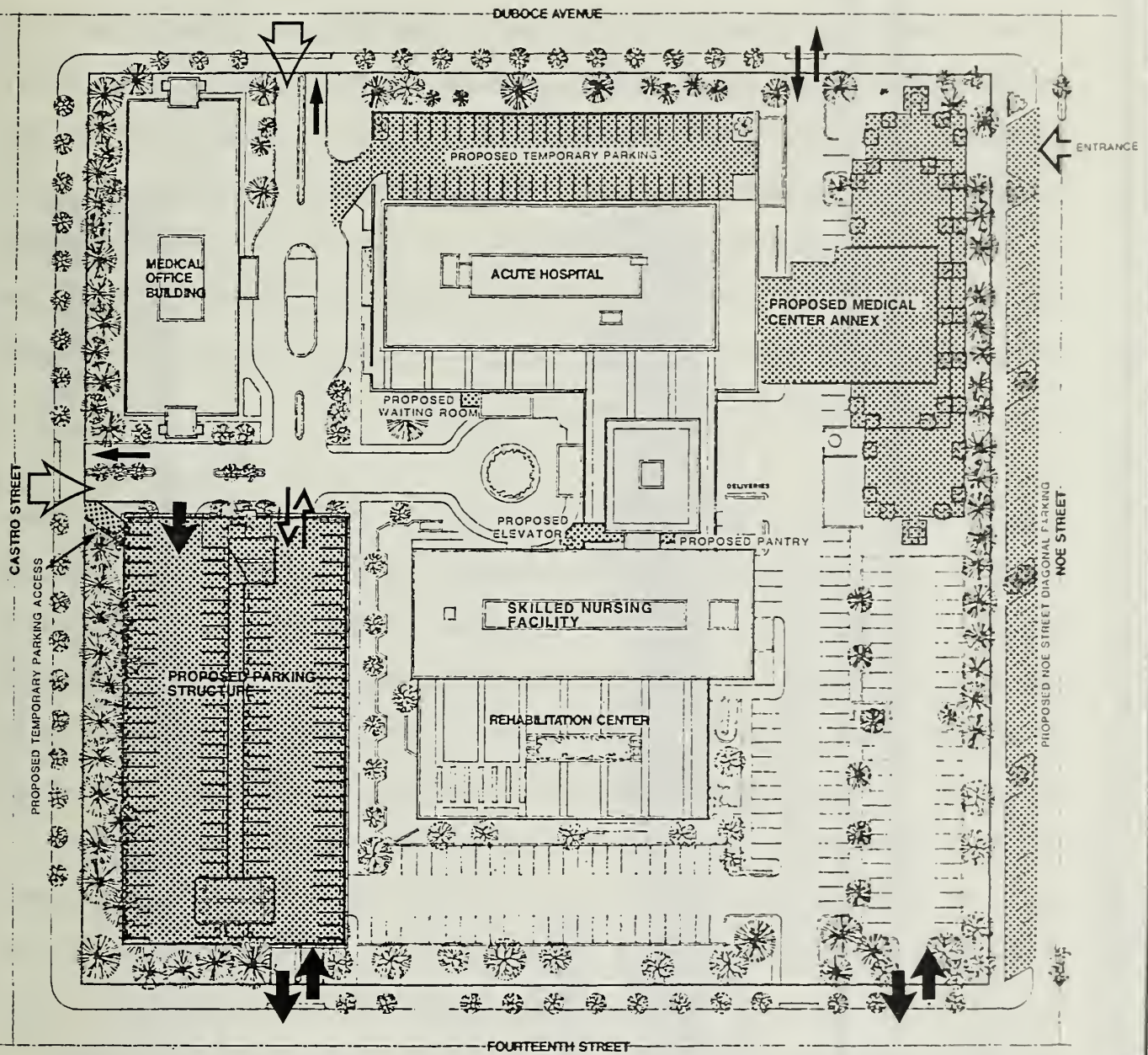
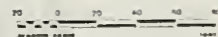


Figure 2. Proposed Site Plan

-  Principal Entrance to Medical Center
-  Uncontrolled Entry/Exit
-  Cardholder Entry/Exit
-  Pay Lot Entry/Exit (Guard)



SOURCE: Silver & Ziskind Architects and Bendix Environmental Research, Inc.

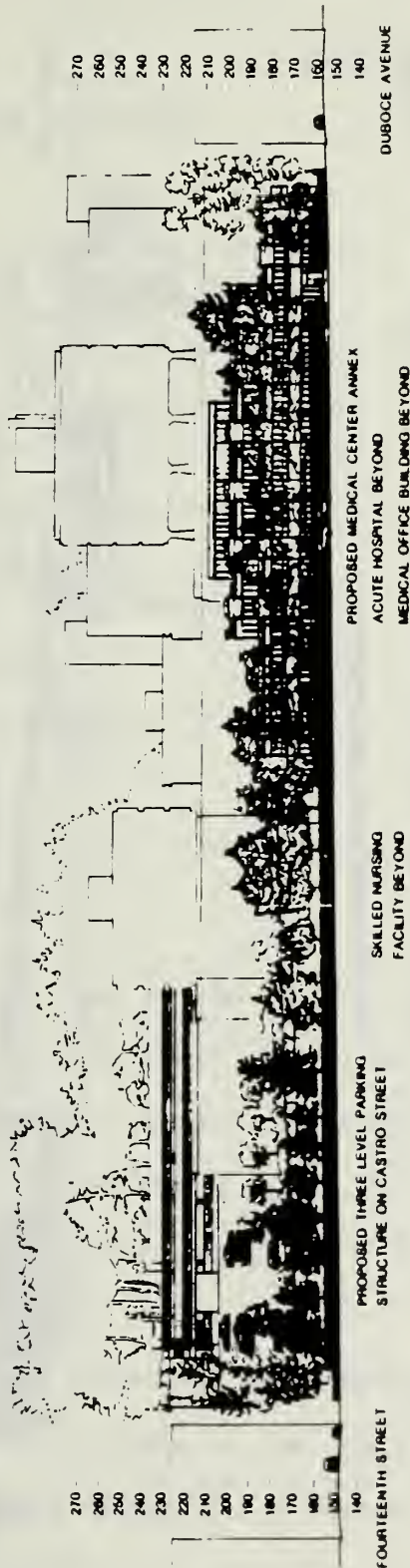
The building would extend from nine to 15 ft. above street level along Castro Street (the range is due to the 3% slope of Castro Street, sloping downwards to the north from 14th Street to Duboce Avenue) and would extend nine to 26 ft. above the 14th Street level (the range is due to the 14% slope of 14th Street, sloping downwards east from Castro Street to Noe Street); see Figures 3 and 4, pp. 5 and 6. The parking structure would be set back 28 ft. from Castro Street and 23 ft. from 14th Street. Most of the trees and bushes that surround the block would remain, providing partial visual screening of the parking structure from view of residences on 14th and Castro Streets.

A 48,000 sq.ft., four-story Medical Center Annex building (hereafter, the Annex) would be built on the site of a 36-parking space section of the existing employee parking lot at the corner of Duboce and Noe Streets, the northeast corner of the Medical Center (see Figures 2, 3 and 4, pp. 3, 5-6). The site is approximately 15,000 sq.ft. Up to 25,000 sq.ft. of the Annex would serve as medical office space for physicians. Up to 23,000 sq.ft. would serve as patient support space. There would be no licensed patient beds. See Table 1, p. 7, for proposed uses in the Annex. The Annex would be 56 ft. above street level along Noe Street and would be set back 10 ft. from the property line on Duboce Avenue and 15 ft. from the property line on Noe Street. Most of the existing landscaping along Noe Street and Duboce Avenue would be retained.

A 240 sq.ft. waiting room for emergency patients would be constructed adjacent to the Emergency Department at the southern edge of the Acute Hospital, with access to the centrally located ambulance turn-around. A two-story elevator



ELEVATION ALONG CASTRO STREET LOOKING EAST

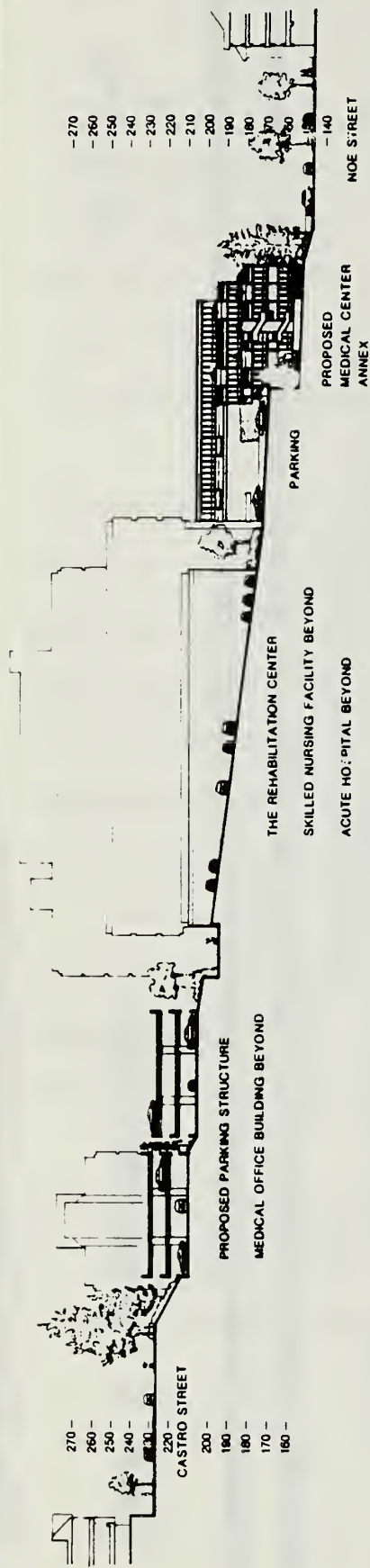


ELEVATION ALONG NOE STREET LOOKING WEST

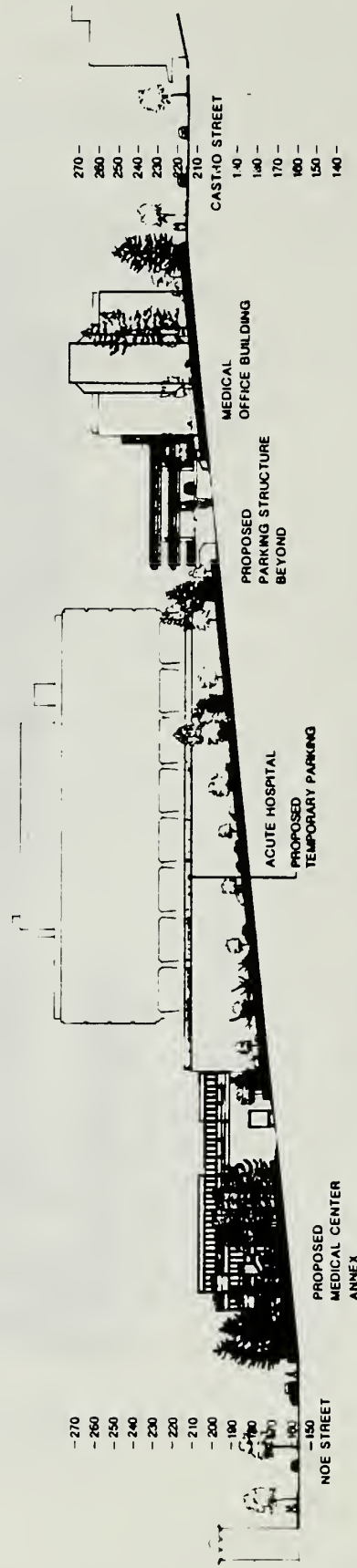
Figure 3. Project Elevations



SOURCE: Silver & Zeland Architects and Bendix Environmental Research, Inc.



SECTION THROUGH SITE LOOKING NORTH



ELEVATION ALONG DUBOCE LOOKING SOUTH

Figure 4. Site Section



SOURCE: Silver & Ziskind Architects and Bendix Environmental Research, Inc.

Table 1. Uses in the Medical Center Annex

<u>Use</u>	<u>Area (sq.ft.)</u>
Medical Office Space	25,000
Data Processing	1,500
Accounting	2,000
Laboratory Area	2,500
Health Check Dept. (outpatient clinic)	3,500
In-Service Education Dept. (on-going training for nurses)	1,500
Social Services Dept. (in and outpatient counseling)	1,500
Discharge Planning (inpatient counseling)	500
HIV Research and Treatment Institute (outpatient)	2,000
Surgery Waiting (in and outpatient family waiting)	300
Intensive Care Unit Waiting	300
Physician Overnight Sleep Rooms	1,000
General Storage	3,000
Circulation and Elevators	3,400
Total sq.ft. of Annex	48,000

Source: Davies Medical Center

would be built along the north side of the Skilled Nursing Facility. An existing pantry would be relocated in order to provide first-floor access to the proposed elevator. In addition, the proposed project includes narrowing of the Noe Street sidewalk and the conversion of the existing parallel parking on Noe Street to diagonal parking (see Figure 2, p. 3, for project locations).

During construction of the parking structure, 49 temporary parking spaces would be provided for employee use on the deck of the Acute Hospital. Once this temporary parking deck is ready, the uphill (towards Castro) half of the existing Castro and 14th Street parking lot would be closed while half of the

proposed parking structure is built on that segment. On completion of this structure, a temporary ramp, approximately 12 ft. wide and 35 ft. long, would be built from the Castro Street Medical Center entrance to the second parking level of the new structure (see Figure 2, p. 3) so that two levels of parking would be available during construction of the other half of the building. The downhill segment of the parking lot would then be closed until the entire structure is completed.

The Medical Center is in an RH-3 (Residential House District, Three Family) Use District. Most of the Medical Center block is in a 65-D Height and Bulk District with the Acute Hospital, along Duboce Avenue, in a 130-E District. The sites of the two proposed structures are within the 65-D District. The 65-D Height and Bulk District allows a building height of 65 ft. and a maximum 110 ft. length and 140 ft. diagonal dimension above 40 ft. in height. No change in existing zoning is required for the project.

Construction would be phased beginning with the parking structure, taking about 12 months, followed by construction of the Annex, taking about 18 months. The Noe Street conversion of parallel parking to diagonal parking would take about 2 months and would take place during the Annex phase. Total construction cost would be about \$10,028,000. The project sponsor is Davies Medical Center; the Project Architect is Silver & Ziskind, a New York-based architectural firm with an office in San Francisco.

II. SUMMARY OF POTENTIAL ENVIRONMENTAL EFFECTS

A. EFFECTS FOUND TO BE POTENTIALLY SIGNIFICANT

The proposed project is examined in this Initial Study to identify potential effects on the environment. Some project-specific potential effects have been determined to be potentially significant and will be analyzed in an environmental impact report (EIR). They include: traffic, circulation, parking, noise and air quality impacts associated with traffic, visual quality and potential shadowing by the Annex.

B. EFFECTS FOUND NOT TO BE SIGNIFICANT

The following environmental effects are determined as a result of this Initial Study either to be insignificant or to have been mitigated to an insignificant level through measures incorporated into the project design. These require no further study and will not be addressed further in the EIR. These impacts are summarized here and discussed in greater detail below.

Land Use: The project would not disrupt or alter the physical arrangement or existing character of the vicinity because it would involve construction within the existing hospital campus.

Population: The project would not induce substantial growth, displace employees or residents, or create a substantial demand for housing because it would displace no jobs or residences and would create about 80 new jobs.¹

Noise: Building construction activities would temporarily increase noise levels. Potential noise impacts associated with traffic generated by the project will be discussed in the EIR. Otherwise, operation of the project would

¹ *Davies Medical Center Institutional Master Plan, 1989-1999, 1989, page 60.*

not increase noise levels in the project vicinity. Measures would be incorporated into the project to address potential noise impacts during construction.

Air Quality/Climate: Potential air quality impacts associated with traffic generated by the project will be discussed in the EIR. Otherwise, the project would not violate any ambient air quality standard, cause a change in climate or create objectionable odors. Measures would be incorporated into the project to address potential impacts during construction and operation. No shadows would be cast by the parking structure on any parks, playgrounds, or other publicly owned open space.

Utilities/Public Services: All utilities and public services could serve the project with existing capabilities.

Biology: The project site is already developed. The project would have no significant effect on plant or animal life on-site or in the surrounding area. Existing trees along the perimeter of the block and on the project site would be protected to the maximum extent possible. No endangered species are found on the site. Mitigation measures have been incorporated into the project to maximize the protection of trees.

Geology/Topography: The project would be constructed under the supervision of California licensed structural or geotechnical engineers and would comply with all applicable seismic and life safety standards. The project would not significantly alter the topography of the site. There are no known unique geologic or physical site features.

Water: The project sites are currently covered with impervious surfaces and contain no surface water bodies. The project would not degrade the quality of groundwater, or cause flooding, erosion or siltation.

Energy/Natural Resources: Energy needs for the proposed parking structure are expected to be low, because the building is generally not designed for human occupancy. The Annex would not have any major energy consumptive equipment and energy demand would be within the capacity of the present utility system. The project would not use large amounts of fuel, water or energy in a wasteful manner. The project would not affect the potential use, extraction, or depletion of natural resources.

Hazards: During construction, conflicts between emergency vehicle access and contractor vehicle access to and from the site would be reduced by requiring contractors to use a separate entrance to the site. The completed project would not interfere with emergency response and evacuation plans. The Annex would increase the amount of infectious and hazardous wastes generated by Davies Medical Center but would not change disposal patterns.

Cultural: No significant subsurface resources are expected to be encountered during construction. Mitigation measures would be incorporated into the project to protect any resources that may be present.

III. ENVIRONMENTAL EVALUATION CHECKLIST

A. <u>COMPATIBILITY WITH EXISTING ZONING AND PLANS</u>	<u>Not Applicable</u>	<u>Discussed</u>
1. Discuss any variances, special authorizations, or changes proposed to the City Planning Code or Zoning Map, if applicable.	—	<u>X</u>
*2. Discuss any conflicts with any adopted environmental plans and goals of the City or Region, if applicable.	<u>X</u>	—

As required by Planning Code Section 304.5, the proposed project is presented in the 1989 Davies Institutional Master Plan.

The Medical Center is in an RH-3 District where principal permitted uses are

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

dwellings, small residential care facilities, children's day care facilities and public facilities. Planning Code Section 209.3 permits medical institutions (including medical offices, clinics and laboratories) as a Conditional Use in this district. The project would be reviewed by the Planning Commission under Planning Code Section 304 as a Planned Unit Development. A Planned Unit Development is a particular type of Conditional Use application for project sites which exceed one half acre. The project would also require Planning Commission approval under Planning Code Section 321, the Office Development Limitation Program, Reserve for Smaller Buildings, which applies to buildings with total new office space between 25,000 and 50,000 sq.ft.

Both the parking structure and the Annex would conform to existing height and bulk limitations. The parking structure would be 244 ft. long, 135 ft. wide and 28 ft. high. Bulk limitations would not apply to the proposed parking structure as the structure would be less than 40 ft. tall. The Annex would be 52 ft. high with a length of 110 ft. and a diagonal dimension of 137 ft. above 40 ft., meeting the district height and bulk limits of a maximum height of 65 ft. and a 110 ft. length and 140 ft. diagonal dimension above 40 ft.

The relationship of the project to policies of the City's Master Plan and provisions of the City Planning Code, as well as the approval process for the project, will be discussed in the EIR.

B. ENVIRONMENTAL EFFECTS - Could the project: Yes No Discussed

1. Land Use

- | | | | |
|--|-----|----------|----------|
| *a. Disrupt or divide the physical arrangement of an established community? | ___ | <u>X</u> | ___ |
| *b. Have any substantial impact upon the existing character of the vicinity? | ___ | <u>X</u> | <u>X</u> |

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

The proposed structures would be built on the Davies Medical Center campus. The parking structure and the Annex would replace existing surface parking lots. The proposed project would not disrupt the physical arrangement nor change the character of the neighborhood. Land use in the vicinity of the Medical Center is a mixture of residential, institutional, small shops, public land and public facilities. These land uses would not be altered by the project. Land use impacts will not be discussed further in the EIR.

2. <u>Visual Quality</u>	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
*a. Have a substantial, demonstrable negative aesthetic effect?	<u>X</u>	—	<u>X</u>
b. Substantially degrade or obstruct any scenic view or vista now observed from public areas?	<u>X</u>	—	<u>X</u>
c. Generate obtrusive light or glare substantially impacting other properties?	<u>X</u>	—	<u>X</u>

Mirrored glass would not be used in either structure and the buildings would not cause glare on other properties. Design of the structures, visual compatibility with existing structures, screening of the structures, visual and view impacts of the structures and the impacts associated with light from the parking structure at night will be discussed in the EIR.

3. <u>Population</u>	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
*a. Induce substantial growth or concentration of population?	—	<u>X</u>	<u>X</u>
*b. Displace a large number of people (involving either housing or employment)?	—	<u>X</u>	<u>X</u>
c. Create a substantial demand for additional housing in San Francisco, or substantially reduce the housing supply?	—	<u>X</u>	<u>X</u>

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

The parking structure would not require the hiring of new permanent personnel. The Annex would create about 80 new jobs: 36 doctors, 13 nurses and 31 other personnel. The entire project would require about 84 person-years of construction labor.²

The project would not induce substantial growth, displace employees or residents, or create a substantial demand for housing. Population impacts will not be discussed further in the EIR.

4. <u>Transportation/Circulation</u>	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
*a. Cause an increase in traffic which is substantial in relation to the existing traffic load and capacity of the street system?	<u>X</u>	<u> </u>	<u>X</u>
b. Interfere with existing transportation systems, causing substantial alterations to circulation patterns or major traffic hazards?	<u>X</u>	<u> </u>	<u>X</u>
c. Cause a substantial increase in transit demand which cannot be accommodated by existing or proposed transit capacity?	<u>X</u>	<u> </u>	<u>X</u>
d. Cause a substantial increase in parking demand which cannot be accommodated by existing parking facilities?	<u>X</u>	<u> </u>	<u>X</u>

A transportation analysis for the project is being prepared by the City's environmental consultant and will be summarized in the EIR. That analysis will be available for review in the case file at the Department of City Planning at the time of publication of the Draft EIR. Area increases in parking demand, traffic and transit use as a result of project construction and completion will be discussed in the EIR. In addition, Davies Medical Center site circulation

² Based on construction cost estimate of \$10,028,000, 50% of construction costs to be salaries and fringe benefits, and average wages and fringe benefits of \$60,000/worker. Estimate made by Bendix Environmental Research, Inc., based on telephone conversation with Stan Smith, San Francisco Building and Trades Council, February 6, 1988.

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

patterns and use of site access driveways will be discussed in the EIR. The EIR will also discuss the Davies Transportation System Management Plan.

5. <u>Noise</u>	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
*a. Increase substantially the ambient noise levels for adjoining areas?	___	<u>X</u>	<u>X</u>
b. Violate Title 25 Noise Insulation Standards, if applicable?	___	<u>X</u>	___
c. Be substantially impacted by existing noise?	___	<u>X</u>	<u>X</u>

The noise environment of the site is dominated by vehicular traffic noise. The Environmental Protection Element of the San Francisco Master Plan, indicates a day-night average noise level (Ldn) of 75 dBA³ on Castro Street, adjacent to the site, and a general area background noise level of 60 dBA in the vicinity.⁴

Construction noise: Demolition of the parking lot surfaces, excavation, and building construction would temporarily increase noise levels in the vicinity of Davies Medical Center. Pile driving would not be used. Both the Annex and the parking structure would have spread foundations (8 x 8 foot sections of poured concrete) with some drilled belled or straight caissons as necessary (approximately 3 ft. diameter holes drilled and filled with concrete, about 10 feet deep for belled caissons and about 40 feet deep for straight caissons for the Annex, and about 20 - 58 ft. deep for straight caissons for the parking

³ dBA is a measure of sound in units of decibels (dB). The "A" denotes the A weighted scale, which simulates the response of the human ear to various frequencies of sound. Ldn, the day-night average noise level, is a noise measurement based on human reaction to cumulative noise exposure over a 24 hour period, taking into account the greater annoyance of nighttime noises; noise between 10 p.m. and 7 a.m. is weighted 10 dBA higher than daytime noise.

⁴ San Francisco Department of City Planning, Environmental Protection Element of the San Francisco Master Plan, 1974.

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

structure).⁵ The drilling, done with a large auger, is quieter and causes less vibration than pile driving.

Table 2, p. 17, lists typical noise levels associated with various construction activities and provides general guidelines for the levels of noise to be expected at each phase of construction activity.

The impact of construction noise from ground level sources is not expected to extend beyond the immediate streets bounding the Medical Center, because the continuous line of closely spaced structures provides a noise barrier which shields the more distant structures.

The loudest construction noise, 90 dBA at fifty ft., would come from heavy duty trucks intermittently during the 30 month total construction period. A truck driving up 14th Street bordering the hospital would produce about 90 dBA in front of homes, 75 dBA inside homes with windows open, and 65 dBA inside homes with windows closed (for a total of a 25 dBA reduction inside a building with closed windows). These noise levels would interfere with conversation and would be annoying during the few minutes of each truck passage.

The maximum on-site construction noise level of 89 dBA during excavation and finishing would result in noise levels of up to 84 dBA in front of houses, 69 dBA inside homes with windows open, and 59 dBA inside homes with windows closed. These peak noise levels would occur only where there are no trees to absorb some of the noise. Much of the excavation noise for the parking structure would be absorbed by the rising ground between the excavation and Castro Street. Nevertheless, during the construction period, some indoor speech interference

⁵ Rudolf Fehr, Project Engineer, telephone conversation, September 19, 1989.

Table 2. Typical Noise Levels

Construction Activity ¹	dBA (Average, at 50 ft.)	Estimated Duration of Activity	
		Annex	Parking Structure
Ground Clearing	84	2 wks	2 wks
Excavation	89	3 wks	3 wks
Foundation	78	12 wks	9 wks
Erection	87	35 wks	30 wks
Finishing	89	12 wks	8 wks
Trucks, heavy duty semi	90 ²	18 mo	12 mo

For comparison's sake, other noise-generating activities are included³:

Pile Driver (at 50 ft.)	105
Muni Street car, 25 mph (at 25 ft.)	85
Passenger car on a city street (at 25 ft.)	70
Normal Speech (at 3 ft.)	60
Whisper (at 3 ft.)	35

¹ Source: Bolt, Beranek, and Newman, *Noise from Construction Equipment and Operations, Building Equipment, and Home Appliances*, U.S. Environmental Protection Agency, 1977, p. 20.

² Source: Hathway, P. Issue Paper II; Part III, Noise. 1976, p. 33.

³ Source: Department of City Planning, Environmental Protection Element of the San Francisco Master Plan, 1974.

within the residences across the street from the site would occur.

Construction noise is regulated by the San Francisco Noise Ordinance (Article 29 of the City Police Code). The ordinance requires that sound levels of construction equipment other than impact tools not exceed 80 dBA at a distance of 100 ft. from the source. Impact tools (e.g. jack hammers, impact wrenches) must have both intake and exhaust muffled. Construction is prohibited at night, from 8:00 p.m. to 7:00 a.m., if noise would exceed the ambient noise level by

5 dBA at the project property line, unless a special permit is authorized by the Director of Public Works.

The construction contract would require that the project contractor:

- a. Muffle and shield intakes and exhaust;
- b. Shroud or shield impact tools;
- c. Use electric powered rather than diesel powered equipment, where possible;
- d. Employ a barrier where feasible, as needed, to help reduce construction noise. (An eight foot high plywood fence could reduce ground level noise by as much as 10 to 15 dBA);
- e. Equip portable air compressors with noise suppression devices.

With respect to construction noise, the contractor would be required to isolate excessive noise sources to the extent possible and arrange operation of equipment in intermittent work schedules to break up the effect of constant, annoying noise. When necessary, Davies staff would issue ear plugs to patients to reduce noise effects. If noise is determined by Davies' physicians to be excessive and detrimental to the patients' health, patients would be moved to another location within the Hospital.

Construction noise will not be discussed further in the EIR

Operational Noise - General: The Environmental Protection Element of the San Francisco Master Plan contains guidelines for determining the compatibility of various land uses with different noise environments. Duboce Avenue has a background noise level of 70 dBA.⁶ For office uses, such as the proposed Annex, the Master Plan guidelines for this background noise level make either no recommendation for noise controls or recommend the inclusion of noise insulation

⁶ San Francisco Department of City Planning, Environmental Protection Element of the San Francisco Master Plan, 1974.

features into the building design. The Project Sponsor has agreed to consult an acoustical engineer, before final plans are approved, as to the need for inclusion of noise insulation features into the design.⁷

Neither structure would include housing, so Title 25 Noise Standards would not be applicable. Project operation would not result in perceptibly greater noise levels than those existing in the area.

The project would be required to comply with the San Francisco Noise Ordinance, San Francisco Police Code Section 2909, "Fixed Source Noise Levels," which regulates mechanical equipment noise. The project site and surrounding area are within an RH-3 district. In this district, the ordinance limits equipment noise levels at the property line to 60 dBA between 7 a.m. and 10 p.m. and 55 dBA between the hours of 10 p.m. and 7 a.m. While the mechanical equipment for the two structures has not been chosen yet, the Project Engineer and Architect would include design features in the building to limit mechanical equipment noise levels to 55 dBA. As equipment noise would be limited to 55 dBA to meet the nighttime limit, it would not be perceptible above the ambient noise levels in the project area.

Noise associated with the operation of the proposed structures will not be discussed further in the EIR.

Operational Noise - Traffic: The increase in noise as a result of an increase in automobiles entering the Davies Medical Center site and as a result of automobiles maneuvering on the open upper levels of the proposed parking structure will be discussed in the EIR.

⁷

Phone conversation with Project Sponsor, September 15, 1989.

6. <u>Air Quality/Climate</u>	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
*a. Violate any ambient air quality standard or contribute substantially to an existing or projected air quality violation?	<u>X</u>	—	<u>X</u>
b. Expose sensitive receptors to substantial pollutant concentrations?	—	<u>X</u>	<u>X</u>
c. Permeate its vicinity with objectionable odors?	—	<u>X</u>	<u>X</u>
d. Alter wind, moisture or temperature (including sun shading effects) so as to substantially affect public areas, or change the climate either in the community or region?	<u>X</u>	—	<u>X</u>

Two types of air quality impacts could be expected from the proposed project: long-term impacts related to increased traffic in the area and short-term impacts from construction activity.

Construction Air Impacts:

Construction activities would temporarily affect local air quality. Trucks and equipment would release exhaust that could affect occupants of neighboring buildings and persons at the Medical Center during construction hours. Ambient concentrations of exhaust pollutants would be increased for the duration of the construction period, however no measurable increases are expected. Site preparation and construction activities would generate suspended particulates (e.g. dust). Increased particulates are not expected to violate the state 24-hour Total Suspended Particulate standard. Dust emission during excavation would increase particulate concentrations near the site. Dustfall can be expected at times on surfaces within 200 to 800 ft. Under winds exceeding 12 miles per hour, localized effects, including human discomfort, might occur downwind from blowing dust.

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

Construction dust is composed primarily of large particles that settle out of the atmosphere more rapidly with increasing distance from the source. More of a nuisance than a hazard for most people, this dust could affect persons with respiratory diseases, as well as sensitive electronics or communications equipment. Sensitive receptors, primarily Davies patients inside buildings, would be protected during the project construction phases, as they are currently, by the facility's filtered air conditioning system. The Project Sponsor would require the contractor to wet down the construction site twice a day during construction to reduce particulates by at least 50%.

Diesel-powered equipment would emit, in decreasing order by weight, nitrogen oxides, carbon monoxide, sulfur oxides, hydrocarbons, and particulates. This would increase local concentrations temporarily but would not be expected to increase the frequency of violations of air quality standards. The Project Sponsor would require the general contractor to maintain and operate construction equipment so as to minimize exhaust emissions by such means as a prohibition of idling motors when equipment is not in use or when trucks are waiting in queues and by implementation of specific maintenance programs (to reduce emissions) for equipment that would be in frequent use for much of the construction periods.

Construction air quality impacts will not be discussed further in the EIR.

Operational Air Impacts

The major air pollution impact resulting from operation of the project would be exhaust emissions from project-generated auto trips. Air impacts related to increases in vehicle emissions will be discussed in the EIR.

The project would not involve odor-generating activities and odors will not be discussed further in the EIR.

Since the parking structure project site is already surrounded by trees which are taller than the proposed garage, no new shadow or wind impacts would be generated by the parking structure and they will, therefore, not be addressed further in the EIR.

Potential shadowing impacts of the Annex will be discussed in the EIR. The analysis will include shadow diagrams.

The stepped articulation of the four-story Annex has been designed to both avoid casting new shadows on Duboce Park from one hour after sunrise to one hour before sunset (Planning Code Section 295) and to alleviate any potential wind impacts on Noe Street. Wind impacts will not be discussed further in the EIR.

<u>7. Utilities/Public Services</u>	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
*a. Breach published national, state or local standards relating to solid waste or litter control?	<u> </u>	<u> X </u>	<u> </u>
b. Extend a sewer trunk line with capacity to serve new development?	<u> </u>	<u> X </u>	<u> </u>
c. Substantially increase demand for schools, recreation or other public facilities?	<u> </u>	<u> X </u>	<u> X </u>
d. Require major expansion of power, water, or communications facilities?	<u> </u>	<u> X </u>	<u> X </u>

The proposed project would increase the demand for energy. This increase would not exceed amounts expected and provided for in the project area. No energy intensive equipment such as magnetic resonance imagers (MRI) would be used in the Annex. Providers of water, telephone, gas and electric service have been

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

contacted and have indicated that existing capacities are adequate to serve the site. Letters and memorandums from these service providers are available for public review at the Office of Environmental Review, 450 McAllister Street. The project would not substantially increase demand for schools, recreation or other public facilities. These issues will not be addressed further in the EIR.

8. <u>Biology</u>	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
*a. Substantially affect a rare or endangered species of animal or plant or the habitat of the species?	___	<u>X</u>	<u>X</u>
*b. Substantially diminish habitat for fish, wildlife or plants, or interfere substantially with the movement of any resident or migratory fish or wildlife species?	___	<u>X</u>	___
c. Require removal of substantial numbers of mature, scenic trees?	___	<u>X</u>	<u>X</u>

Both project sites are primarily covered with asphalt and surrounded by landscaped areas. There are no rare or endangered species of plants or animals on the sites.

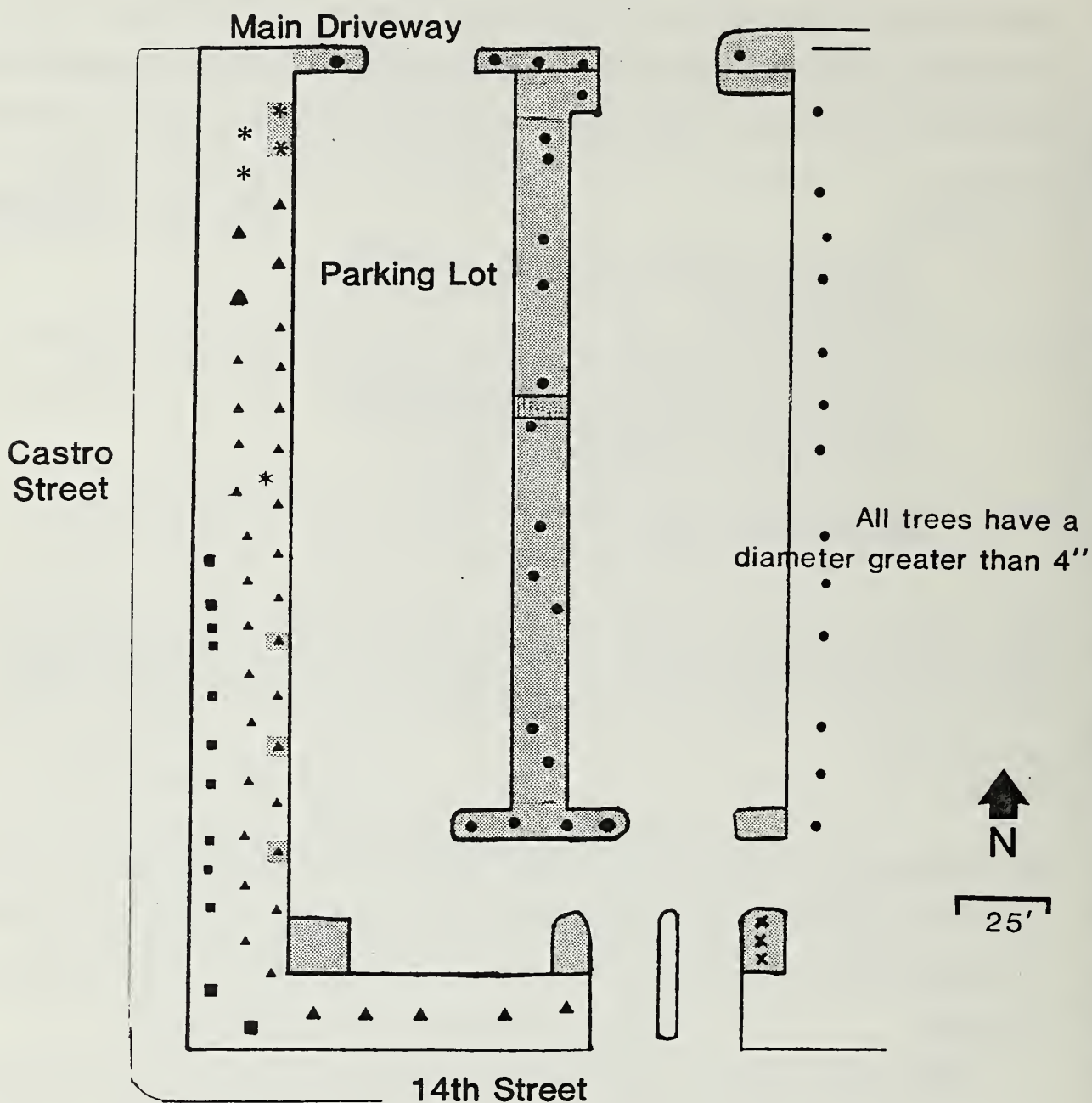
The Parking Structure Area: The construction of the parking structure may involve the removal of 29 of the 90 established⁸ trees on or near the footprint of the structure, as listed below (see Figure 5, p. 24, for location and types of trees):

Twenty-four young but established New Zealand Christmas Trees and three Myoporum in the landscaped area within the existing surface parking lot may be removed (trunk diameters of 4 to 8 inches (measured at chest height) and 15-20 ft. tall). The removal of these trees would not significantly affect

⁸ An established tree is one that has survived two to three years without being irrigated or propped up, but the tree is not yet mature. Ted Kipping, certified arborist, personal communication of August 29, 1989.

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

Figure 5. Existing Landscaping at Parking Structure Site



Areas where trees may be removed

- ▲ *Pinus radiata* - Monterey Pine
- *Cupressus macrocarpa* - Monterey Cypress
- * *Pinus picea* - Italian Stone Pine
- *Metrosideros excelsus* - New Zealand Christmas Tree
- * *Cordyline australis* - Green Dracaena
- x *Myoporum laetum*

SOURCE: Ted Kipping, Tree Shaper & Bendix Environmental Research, Inc.

the surrounding neighborhood as they are primarily visible from within the Medical Center. A certified arborist has suggested that those trees located in what would become the space between the two sections of the parking structure could be preserved with pruning and training to encourage a taller growth habit. Those which would have to be removed, because they could not be incorporated in the parking structure design, could survive transplantation to another location on campus because of their size and age.⁹

The mature trees growing along the perimeter of the parking structure site, along Castro and 14th Streets, provide a foliage screen for the campus. These trees would be retained with the following exceptions:

Two of the four Italian Stone pines near the Castro Street driveway entrance (12" trunks, 25 ft. tall) would be removed. The four pines were originally planted too close together and are crowding each other now.¹⁰ The two easternmost trees would be removed because the trees would not survive the pruning necessary to accommodate the parking structure. The remaining two Stone pines, with their naturally broad growth habit, would have the room to grow into the space left by the two that would be removed.

Two or three of the Monterey pines lining the interior edge of the Castro Street landscaped area, adjacent to the western edge of the parking lot (14" trunks, 50-70 ft. tall) would be removed. These pines are presently leaning in the direction of the lot, being generally pushed to the east by the Monterey cypress and other Monterey pines growing west of this row of pines. These pines have suffered damage from girdling by support cables that had been tied around their trunks at a young age and are structurally weaker than the other trees.

⁹ Ted Kipping, personal communication of June 28, 1989. A copy of the consultant's field notes is available for public review in the case file at the Department of City Planning, 450 McAllister Street.

¹⁰ *Ibid.*

The pruning of the eastern sides of these three pines necessary to accommodate the parking structure would remove enough growth to cause the trees to become top heavy and, therefore, unstable in the wind.¹¹

The sides of the remaining Monterey pines facing the parking lot would require pruning to provide enough space for construction activities and to accommodate the envelope of the parking structure itself (i.e. to allow for a structure that rises 28 feet above the footprint of the existing lot). Periodic maintenance pruning would be necessary to protect both the trees and the building. Because the trees in this area are densely arranged and there has been little light reaching the western side of the easternmost row of Monterey pines, the majority of the growth is on the eastern side of the tree. Pruning this side would remove enough of the existing foliage to cause a thinning of the foliage screen the trees have provided along Castro Street. The thinning would be temporary, as the type of pruning that is intended would encourage the trees to start new growth along the trunk of the tree, on both sides (although limited light would now be available to both sides up to 28 feet) and higher up on the trees.¹²

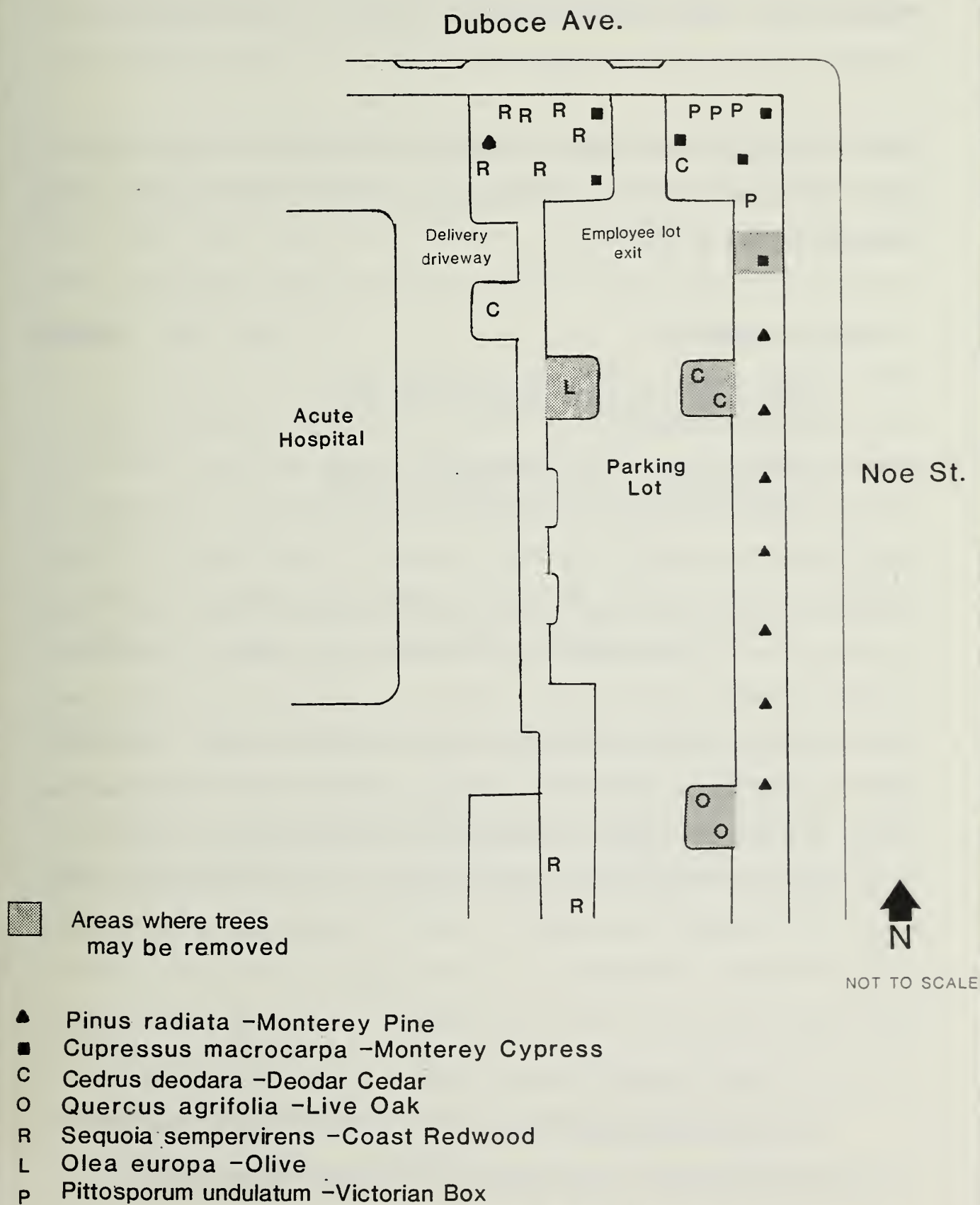
The Annex Area: Construction of the Annex would require removal of some of the existing on-site landscaping, including the removal of 6 established trees (see Figure 6, p. 27, for location of trees). Two Live Oak trees, two cedar trees and one olive tree would be removed from the interior landscaping around the perimeter of the existing parking lot. The two cedar trees could survive transplantation to another location on campus because of their size and age.¹³ One Monterey Cypress would be removed from the frontage along Noe Street to

¹¹ *Ibid.*

¹² *Ibid.*

¹³ Ted Kipping, personal communication, August 29, 1989.

Figure 6. Existing Landscaping at Annex Site



SOURCE: Ted Kipping, Tree Shaper & Bendix Environmental Research, Inc.

allow for a passenger drop-off zone. Trees along the northern edge of the site would require pruning to accommodate the envelope of the Annex. None of the Monterey pines along Noe Street would be removed. Planting bays would be included in the Noe Street sidewalk treatment.

The Project Sponsor has agreed to Mitigation Measures 1a-1f, pp. 39-40, to ensure the protection of the trees discussed above. This issue will not be discussed further in the EIR.

9. <u>Geology/Topography</u>	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
*a. Expose people or structures to major geologic hazards (slides, subsidence, erosion and liquefaction)?	___	<u>X</u>	<u>X</u>
b. Change substantially the topography of any unique geologic of physical features of the site?	___	<u>X</u>	<u>X</u>

The Medical Center lies at the foot of Buena Vista Peak, a 400 to 500 ft. high hill whose crest is about 2000 ft. to the west of the Center. Elevations at the Medical Center range from 148 to 227 ft., San Francisco City Datum,¹⁴ with the block sloping down to the east at about a 14 percent grade. The Medical Center is underlain by 1 to 16 ft. of rocky sand fill, 16 ft. of dune sand and 5 to 45 ft. of clay. Depth to bedrock varies across the site from 22 to 77 ft.¹⁵ The site for the proposed parking structure is an existing nearly level parking lot at about elevation 220 ft. (the lot slopes down to the south at about a 7% grade). The parking lot surface ranges from 6 to 14 ft. below the Castro Street level, with the street gradually sloping down to the north at

¹⁴ San Francisco City Datum establishes the City's "0" point for surveying purposes at approximately 8.6 feet above mean sea level.

¹⁵ Ralph K. Davies Medical Center Development Plan FEIR, EE75.423, January 1978, p. 71.

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

about a 3% grade. Excavation of no more than one foot would be required to remove the existing surface parking lot. The existing slope of the lot would not be changed for the ground floor of the parking structure. The floors above the ground floor would be level.

The site for the proposed Annex building is an existing, nearly level parking lot at about elevation 160 ft., with a gradual slope down to the south along Noe Street. There would be no basement in the building. The Annex would require excavation of up to 5 ft. below the surface of the existing lot for leveling.

Pile driving would not be used. Both the Annex and the parking structure would have spread foundations (8 x 8 foot sections of poured concrete) with some drilled belled or straight caissons as necessary (approximately 3 ft. diameter holes drilled and filled with concrete, about 10 feet deep for belled caissons and about 40 feet deep for straight caissons for the Annex, and about 20 - 58 feet deep for straight caissons for the parking structure).¹⁶

Dewatering is not expected to be necessary during the excavation needed for both sites.¹⁷ Test borings performed in 1964, in preparation for excavation for the Acute Hospital, encountered free groundwater at a few test sites, about 75 feet beneath the parking structure site and about 15 feet beneath the Annex site.¹⁸

¹⁶ Rudolf Fehr, Project Engineer, telephone conversation, September 19, 1989.

¹⁷ Rudolf Fehr, Project Engineer, telephone conversation, July 3, 1989.

¹⁸ Woodward-Clyde-Sherard and Associates, Soil Investigation for the Proposed Franklin Hospital, 1964.

The closest active faults to San Francisco are the San Andreas Fault, about 9 miles southwest of Downtown, and the Hayward and Calaveras Faults, about 15 and 30 miles east of Downtown, respectively. The project area would experience strong (Intensity Level D, general but not universal fall of brick chimneys; cracks in masonry and brick work) groundshaking during a major earthquake.¹⁹ The building would be required to meet current seismic engineering standards of the San Francisco Building Code. (See Mitigation Measure 3, p. 40, for the project's emergency response plan.)

The Medical Center site is not within an area of liquefaction or subsidence. It is not within an area of potential tsunami or seiche flooding.²⁰

Davies Medical Center is not within a Special Geologic Study Area as indicated in the Community Safety Element of the City's Master Plan.²¹ The final building plans would be reviewed by the Bureau of Building Inspection (BBI). Geology will not be discussed further in the EIR.

10. <u>Water</u>	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
*a. Substantially degrade water quality, or contaminate a public water supply?	___	<u>X</u>	<u>X</u>
*b. Substantially degrade or deplete ground water resources, or interfere substantially with ground water recharge?	___	<u>X</u>	<u>X</u>
*c. Cause substantial flooding, erosion or siltation?	___	<u>X</u>	___

¹⁹ URS/John Blume and Associates, *San Francisco Seismic Safety Investigation*, 1974. Groundshaking intensities that would result from a major earthquake were projected and classified on a five-point scale ranging from E (weak) through A (very violent).

²⁰ *Ibid.*

²¹ Master Plan of the City and County of San Francisco, 1988, p. I.8.12.

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

The two structures would not affect drainage patterns or water quality because the sites are now entirely covered with impermeable surfaces. Runoff would continue to drain into the City's combined storm/sewer system. This issue will not be addressed in the EIR.

11. Energy/Natural Resources

Yes No Discussed

- *a. Encourage activities which result in the use of large amounts of fuel, water, or energy, or use of these in a wasteful manner?
- b. Have a substantial effect on the potential use, extraction, or depletion of a natural resource?

— X X
 — X —

The proposed parking structure would be open to the air and would be neither heated nor cooled. The only energy expenditures would be due to lighting of the parking garage at night.

The Annex would use either natural gas or diesel fuel for heating, consuming about 1.4 million Btu²²/hour.²³ The Annex would have its own emergency power supply, a diesel-fired boiler. Diesel fuel would be stored in an existing underground tank in the vicinity of the Annex.²⁴

Neither structure would use large amounts of fuel, water, or energy or would have any effect on the potential use, extraction or depletion of a natural resource. There would be an estimated 13% increase in energy consumption at

²² Btu (British thermal unit): A standard unit for measuring heat. Technically, it is the quantity of heat required to raise the temperature of one pound of water 1 degree Fahrenheit (251.97 calories) at sea level.

²³ Jim Tustin, Project Architect, telephone conversation, June 16, 1989.

²⁴ John Bensi, Chief Engineer Davies Medical Center, telephone conversation, August 10, 1989.

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

the Medical Center as a whole.²⁵ This issue will not be discussed further in the EIR.

There are no existing uses, other than parking, on the two sites. Removal of the existing parking lot surfaces would require an unknown amount of energy. Fabrication and transportation of building materials, worker transportation, site development, and building construction would require about 150 billion Btu of gasoline, diesel fuel, natural gas, and electricity.²⁶ Distributed over the estimated 50-year life of the project, this would be about 2.9 billion Btu per year, or about 13% of annual building energy requirements.

New buildings in San Francisco are required to conform to energy conservation standards specified by Title 24 of the California Administrative Code. Hospitals are exempt because of their around-the-clock operation, stringent space conditioning (heating, cooling and ventilation) requirements, special equipment and safety requirements. The proposed project would be designed to meet or exceed all Title 24 requirements where these requirements do not conflict with hospital health and safety codes.

Table 3, p. 33, shows the estimated project operational energy consumption. Project demand for electricity during PG&E's peak electrical load periods, July and August afternoons, would be about 500 kW, an estimated 0.003% of PG&E's peak load of 16,000 MW. Project demand for natural gas during PG&E's peak natural gas load periods, January mornings, would be about 6.2 million Btu per

²⁵ Estimate based on increase in square footage of 13% and similar uses of energy as existing Medical Center buildings.

²⁶ Derived from Hannon, B., *et al.*, 1978, "Energy and Labor in the Construction Sector," *Science* 202: 837-847.

Table 3. ESTIMATED PROJECT ENERGY USE^a

Daily Natural Gas Consumption^b

Estimated average daily natural gas consumption per sq.ft.	500 Btu ^c
Estimated peak daily natural gas consumption	260 Therms

Monthly Electric Consumption^b

Estimated electrical consumption per sq.ft.	2.5 kWh (25,000 Btu) ^d
Estimated total electrical consumption	103,000 kWh (1 billion Btu)

Annual Consumption

Estimated total annual natural gas consumption	74,000 Therms (13 billion Btu)
Estimated total annual electrical consumption	1.4 million kWh (14 billion Btu)
Connected kilowatt load	780 Kilowatts
Estimated total annual energy consumption	22 billion Btu (3,900 barrels of oil)

- a. Energy use includes space conditioning, service water heating and lighting in accordance with allowable limits under Title 24. Estimated electricity includes an additional 4 kWh/sq.ft./yr. consumed by appliances such as typewriters, computers, coffeemakers, etc., beyond that assumed by Title 24 estimates.
- b. These calculations are available for review at the Office of Environmental Review, 450 McAllister Street, San Francisco, California.
- c. Btu (British thermal unit): A standard unit for measuring heat. Technically, it is the quantity of heat required to raise the temperature of one pound of water 1 degree Fahrenheit (251.97 calories) at sea level.
- d. Energy Conversion Factors:

one gallon gasoline	=	140,000 Btu
one kilowatt (Kw)	=	10,000 Btu
one therm	=	100,000 Btu
one barrel oil	=	5,600,000 Btu

Source: Bendix Environmental Research, Inc. and Davies Medical Center.

day, or about 0.00002% of PG&E's peak load of about 4 trillion Btu per day.²⁷ Annual and peak daily electricity and natural gas consumption are shown in Figures 7 and 8, pp. 35 and 36.

Increased San Francisco energy demands to the year 2000 would be met by PG&E from a mixture of nuclear sources, oil and gas facilities, hydroelectric and geothermal facilities, and other sources such as cogeneration, wind and imports. PG&E plans to continue receiving most of its natural gas from Canada and Texas under long-term contracts.²⁸ This subject does not require further analysis and will not be discussed in the EIR.

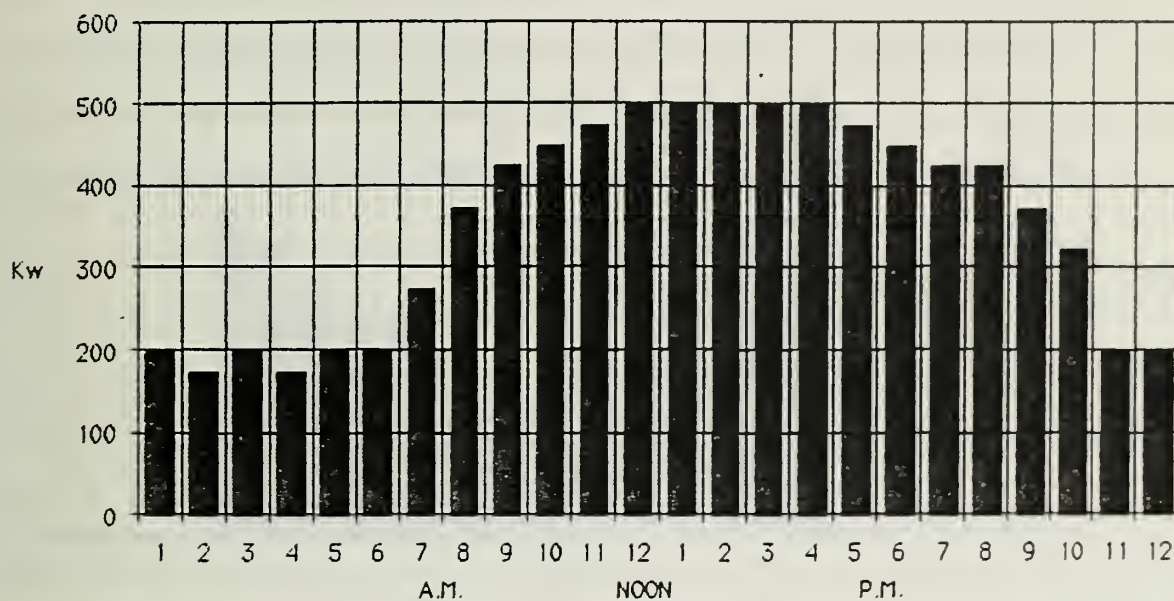
To aid in the conservation of energy, the design of the plumbing system in the Annex would incorporate flow restrictors which would reduce water heating energy consumption by 50%. Additionally, the space cooling system would use natural ventilation through operable windows, except when the outside temperature exceeds 55°F. Solar heat gains would be reduced by structurally shaded windows on the south side of the building.

12. <u>Hazards</u>	<u>Yes</u>	<u>No</u>	<u>Discussed</u>
*a. Create a potential public health hazard or involve the use, production or disposal of materials which pose a hazard to people or animal or plant populations in the area affected?	—	<u>X</u>	<u>X</u>
*b. Interfere with emergency response plans or emergency evacuation plans?	—	<u>X</u>	<u>X</u>
c. Create a potentially substantial fire hazard?	—	<u>X</u>	<u>X</u>

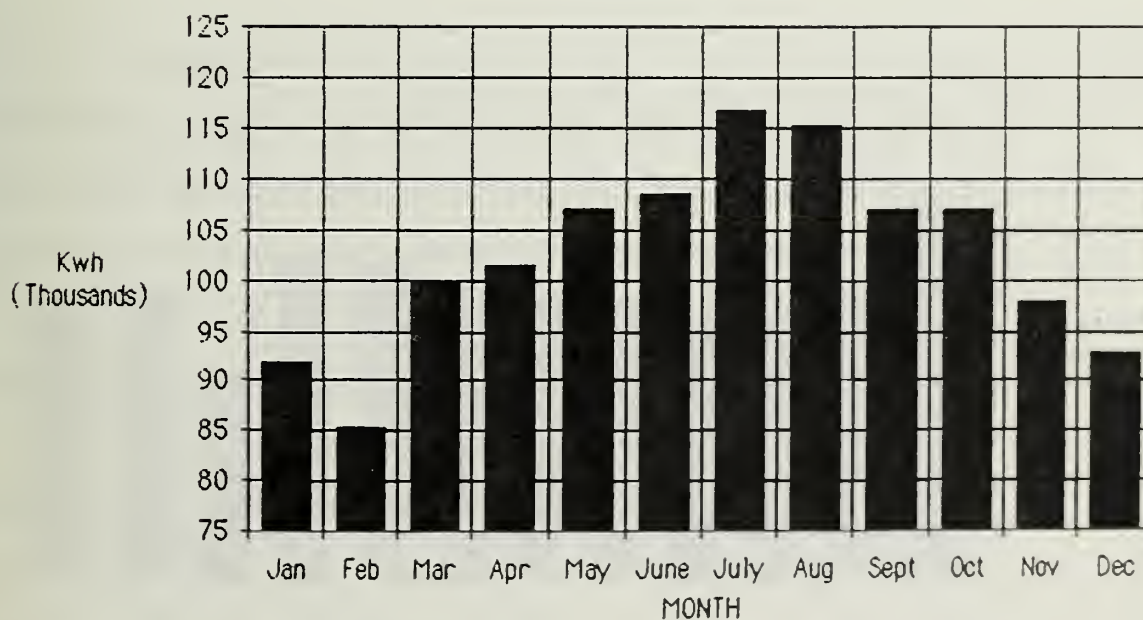
²⁷ San Francisco Department of City Planning, Downtown Plan Environmental Impact Report (EIR), EE81.3, SCH # 84032003, October 13, 1984, Vol.1, pp. IV.G.3-4.

²⁸ San Francisco Department of City Planning, Downtown Plan Environmental Impact Report (EIR), EE81.3, SCH # 84032003, October 13, 1984. Vol.1, pp. IV.G.13-14.

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

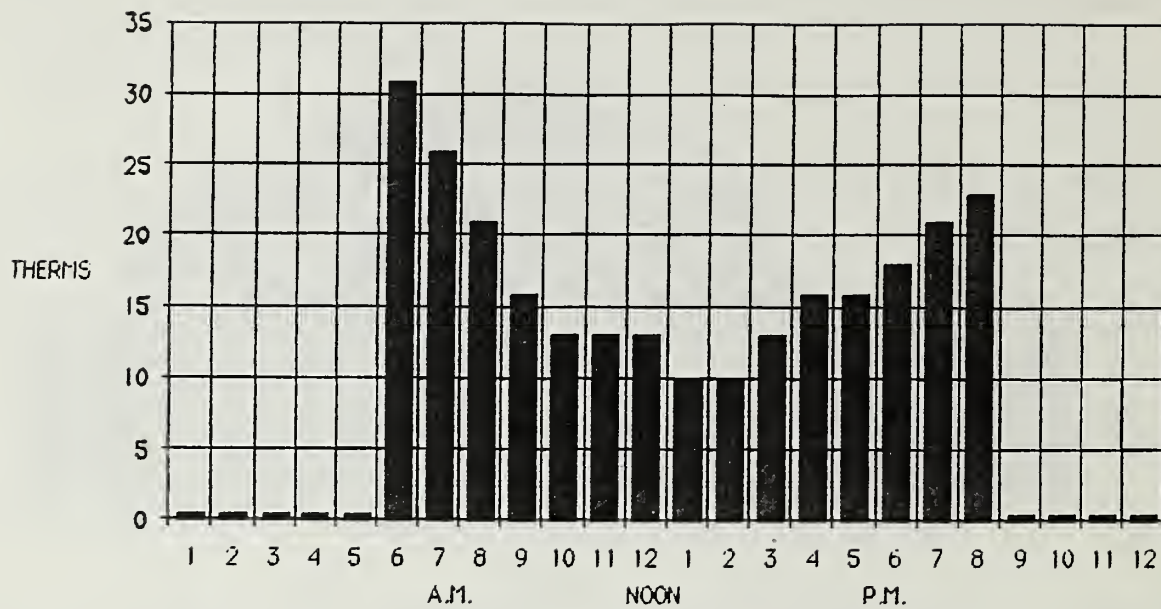


Peak Day Electrical Demand by Hour (July)

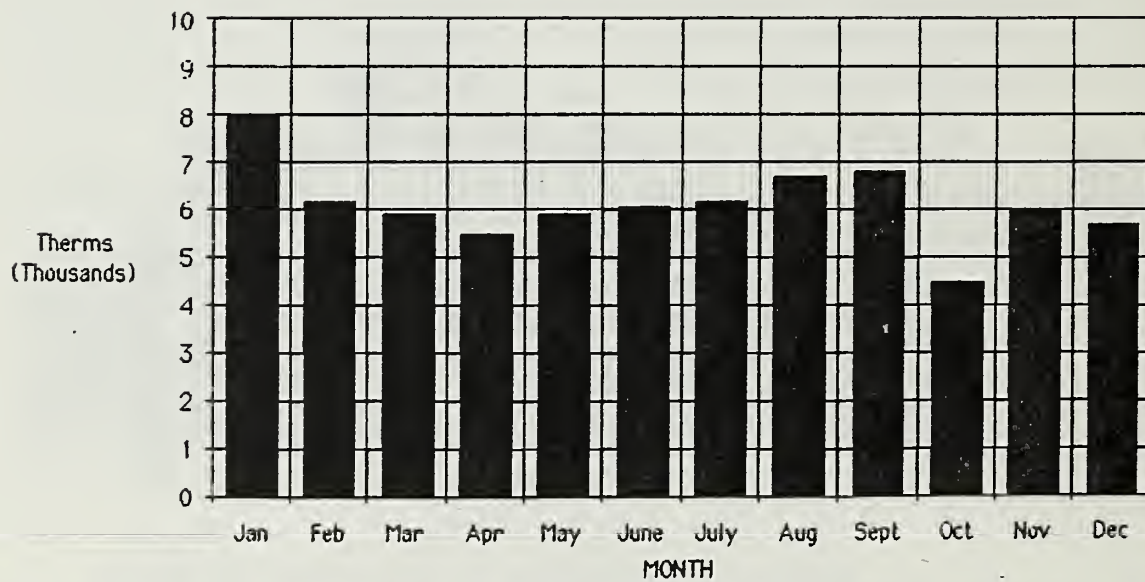


Annual Consumption of Electricity by Month

Figure 7. Estimated Project Electricity Use



Peak Day Natural Gas Demand by Hour (January)



Annual Consumption of Natural Gas by Month

Figure 8. Estimated Project Natural Gas Use

The Annex would generate infectious waste from patient care. This waste would be transferred to the Acute Hospital where it would be incinerated in the existing hospital infectious waste incinerator. The incinerator currently destroys 22 tons of infectious waste per year. The Annex would generate an estimated one-half ton of additional infectious waste per year.

Hazardous chemical waste generated by Davies Medical Center is routinely picked up at least every 90 days by a licensed hauler for disposal at a Class I landfill site. Routine pickup would continue after completion of the project. Davies currently generates about 2 tons of chemical waste and 150 lb. of radioactive waste per year. The Annex would add an estimated 250 lb. per year of chemical waste and no additional radioactive waste. The project would not involve substantial amounts of flammable materials. It would not create a substantial fire hazard. These issues will not be addressed further in the EIR.

Since construction of the parking structure would involve the use of the main entrances on Castro and Duboce, which also serve as the main entrances for ambulances and other emergency vehicles, the project would incorporate Mitigation Measure 2 to ensure the clear passage of emergency vehicles to and from the hospital (see p. 40). The completed project would not interfere with emergency response or evacuation plans.

Davies would prominently post information for building occupants concerning what to do in the event of a disaster. (See Mitigation Measure Number 3, p. 40, regarding emergency response plan.)

13. Cultural

Yes No Discussed

- | | | | | |
|-----|---|---|----------|----------|
| *a. | Disrupt or adversely affect a prehistoric or historic archeological site or property of historic or cultural significance to a community or ethnic group; or a paleontological site except as a part of a scientific study? | — | <u>X</u> | <u>X</u> |
| *b. | Conflict with established recreational, educational, religious or scientific uses of the area? | — | <u>X</u> | — |
| c. | Conflict with the preservation of buildings subject to the provisions of Article 10 or Article 11 of the City Planning Code? | — | <u>X</u> | — |

Any excavation required for the foundations for either structure would occur in already disturbed soils, so there would be limited potential for encountering cultural resources during construction. The present site has been used for 110 years for health care purposes. Construction of existing buildings was begun in 1965 and resulted in topographic changes on the site and the razing of all buildings, fences and roadways associated with the earlier facilities. Consequently, there is nothing remaining on or near the surface of the site of historical significance except decorative lighting standards in the entrance driveway. The site is in an area of "no known potential for archeological finds,".²⁹ No known archeological resources exist on or near the site. The Project Sponsor has agreed to Mitigation Measure 4, p. 40, should evidence of cultural or historical artifacts of significance be found during construction. This issue will not be discussed further in the EIR.

²⁹ James Heid, San Francisco Archeological Sensitivity Map, San Francisco Department of City Planning, 1975.

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

C. OTHER

Yes No Discussed

Require approval of permits from City Departments other than Department of City Planning or Bureau of Building Inspection, or from Regional, State or Federal Agencies?

X X

The project would require a building permit from the Office of Statewide Health Planning and Development (OSHPD).

D. MITIGATION MEASURES

Yes No N/A Discussed

1. If any significant effects have been identified, are there ways to mitigate them?

X X

2. Are all mitigation measures identified above included in the project?

X X

MITIGATION MEASURES TO BE INCLUDED AS PART OF THE PROJECT:

BIOLOGY:

1. To protect the mature Monterey cypress and the Monterey pines along the perimeter of the Medical Center during and after construction, the Project Sponsor has consulted a certified arborist about the potential for harm to these trees and determined measures that would be taken to protect the trees:

- a. Where possible and appropriate on the basis of the health of the trees, trees to be removed for construction would be preserved and transplanted elsewhere on the Davies site. Such trees would be moved with a root ball of a size adequate to minimize transplantation shock as advised by a tree expert.
- b. A fence would be constructed to protect the trees along the perimeter of the Annex and Parking Structure from damage to their trunks during construction activities.
- c. Trees that are designated to be retained which are accidentally killed during construction would be replaced by Davies.
- d. A mechanism would be established in the construction contract to encourage construction workers to exercise caution when working near the trees (such as a \$50 fine for damage to a tree's bark or fines subtracted from a bonus to be split among all construction workers).
- e. The Monterey pines on the Davies campus are all infested by beetles.³⁰ The presence of the insect is stressing the trees and would complicate

³⁰

Ted Kipping, certified arborist. A copy of the consultant's field notes is available for public review in the case file at the Department of City Planning, 450 McAllister Street, S.F.

- the recovery phase after project related pruning. A certified arborist would be retained by Davies to treat the trees.
- f. Construction contracts would prohibit storage, pouring or use of solvents, paints or other toxic materials within landscaped areas in order to protect the plants from chemical damage.

Quarterly reports on implementation of tree sparing mitigation measures would be submitted to the Department of City Planning by Davies from the start of site preparation activities to the completion of construction.

HAZARDS:

2. The Project Sponsor would require contractors to use the 14th Street access point to the parking structure construction site and not the main driveway on Castro Street. This would reduce traffic on the main driveway to the Emergency Room and the Hospital and reduce the risk of a conflict between emergency vehicles and construction trucks. Davies would transmit a copy of written instructions to contractors to the Department of City Planning within 30 days of issuance.

3. An evacuation and emergency response plan would be developed by the Project Sponsor, in consultation with the Mayor's Office of Emergency Services, to insure coordination between the City's emergency planning activities and the project's plan and to provide for building occupants in the event of an emergency. The project plan would be reviewed by the Office of Emergency Services and implemented by building management insofar as feasible before issuance by the Department of Public Works of final occupancy permits. A copy of the final plan would be transmitted to the Department of City Planning within 30 days of completion.

CULTURAL:

4. Should evidence of cultural or historic artifacts of significance be found during project excavation, the Environmental Review Officer (ERO) and the President of the Landmarks Preservation Advisory Board would be notified immediately, and any excavation which would damage such artifacts would be halted. The Project Sponsor would select an archaeologist or other expert acceptable to the ERO to help the Office of Environmental Review determine the significance of the find and whether feasible measures, including appropriate security measures, could be implemented to preserve, or recover such artifacts. The ERO would then recommend specific mitigation measures if necessary.

Copies of reports prepared according to this mitigation measure would be sent to the Department of City Planning and to the California Archaeological Site Survey Office at Sonoma State University. Excavation or construction that might damage the discovered cultural resources would be suspended for a maximum of four weeks (cumulatively for all instances that the ERO has required a delay in excavation or construction) to permit inspection, recommendation and retrieval, if appropriate.

E. MANDATORY FINDINGS OF SIGNIFICANCE

Yes No Discussed

*1. Does the project have the potential to degrade the quality of the environment, substantially reduce the habitat of a fish or wildlife species, cause a fish or wildlife population to drop below self-sustaining levels, threaten to eliminate a plant or animal community, reduce the number or restrict the range of a rare or endangered plant or animal, or eliminate important examples of the major periods of California history or pre-history?

— X —

*2. Does the project have the potential to achieve short-term, to the disadvantage of long-term, environmental goals?

— X —

*3. Does the project have possible environmental effects which are individually limited, but cumulatively considerable? (Analyze in the light of past projects, other current problems, and probable future projects.)

— X —

*4. Would the project cause substantial adverse effects on human beings, either directly or indirectly?

— X —

Project related traffic and parking impacts together with existing traffic and parking conditions may have a significant impact on the residential neighborhood around the hospital. These impacts will be evaluated in the EIR.

* Derived from State EIR Guidelines, Appendix G, normally significant effect.

F. ON THE BASIS OF THIS INITIAL STUDY

- I find the proposed project COULD NOT have a significant effect on the environment, and a NEGATIVE DECLARATION will be prepared by the Department of City Planning.
- I find that although the proposed project could have a significant effect on the environment, there WILL NOT be a significant effect in this case because the mitigation measures, numbers 1 through 4, in the discussion have been included as part of the proposed project. A NEGATIVE DECLARATION will be prepared.
- X I find that the proposed project MAY have a significant effect on the environment, and an ENVIRONMENTAL IMPACT REPORT is required.

BARBARA W. SAHM
Environmental Review Officer

for

DEAN L. MACRIS
Director of Planning

Date: _____

DISTRIBUTION LIST

FEDERAL AND STATE AGENCIES

Northwest Information Center,
California Archaeological Inventory

California Department of Transportation

State Office of Intergovernmental
Management (10), State Clearinghouse

Office of Statewide Health Planning
and Development

REGIONAL AGENCIES

Association of Bay Area Governments

CITY AND COUNTY OF SAN FRANCISCO

Bureau of Building Inspection

Landmarks Preservation Advisory
Board

Mayor's Office of Community Development

Mayor's Office of Housing

Mayor's Office of Business & Economic
Development

Public Utilities Commission, Bureau
of Energy Conservation

Recreation and Park Department

Police Department, Planning Division

San Francisco City Planning Commission

San Francisco Department of Public
Works, Division of Streets and Mapping

San Francisco Department of Public
Works, Division of General Engineering

San Francisco Department of Public
Works, Traffic Engineering Division

San Francisco Fire Department, Division
of Planning & Research

San Francisco Municipal Railway,
MUNI Planning Division

San Francisco Public Utilities Commission

San Francisco Real Estate Department

Water Department, Distribution Division

MEDIA

Associated Press

San Francisco Bay Guardian

San Francisco Business Times

San Francisco Chronicle

San Francisco Examiner

San Francisco Progress

The Sun Reporter

Tenderloin Times

LIBRARIES

Document Library, City Library -
Civic Center

Environmental Protection Agency
Library

Stanford University Libraries
Government Publications Department

Hastings College of the Law -
Library

Institute of Government Studies

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Anza Vista Association

Roy Bateman

Beideman Area Neighborhood Group

Buena Vista Neighborhood Association

Susan Caston

Chris Drake

Coalition for San Francisco Neigh-
borhoods

Duboce Triangle Neighborhood As-
sociation

Mara Feeney

Frank Frost

Roy & Marcia Grunow

Haight-Ashbury Improvement
Association

Haight-Ashbury Neighborhood Council

Bro Herrod

John Hooper

Frank Kaiser

Thomas Kearney

Diane Martinez

Mid-Divisadero Merchants Association

James Nelson

Jan Robbins

San Francisco Aids Foundation
Shanti Project

Zoya Sheedy

SPUR

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Policarpio & Demmie Acosta

Valeriano & Perpetu Acosta

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Edd Dundas	Marcel & Adele Ladrech Trust
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Jean Yee
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Yet Hong Yee
Daniel Zimmerman & Marilyn Spellman

PROJECT SPONSOR

Davies Medical Center
Greg Monardo

PROJECT ARCHITECT

Silver & Ziskind
James Tustin

APPENDIX B: SAN FRANCISCO AIR POLLUTANT SUMMARY, 1986-1988.

STATIONS: 900 23rd Street and 10 Arkansas Street, San Francisco (2.6 miles and 1.9 miles from the project site, respectively)

<u>POLLUTANT:</u>	<u>STANDARD</u>		<u>1986</u>	<u>1987</u>	<u>1988</u>
	<u>Federal</u> ^A	<u>State</u> ^B			
OZONE (O ₃)					
1-hour concentration, ppm					
Highest hourly average	0.12 ^C	0.10	0.07	0.09	0.09
Number of violations			0.0	0.0	0.0
CARBON MONOXIDE (CO)					
1-hour concentration, ppm					
Highest hourly average		20.0	9.0	9.0	9.0
Number of violations			0.0	0.0	0.0
8-hour concentration, ppm					
Highest 8-hour average ^D		9.0	12.6	10.0	12.8
Number of violations			2.0	1.0	1.0
TOTAL SUSPENDED PARTICULATE (TSP) ^E					
24-hour concentration, ug/m ³					
Highest 24-hour average	260.0	100.0	124.0	136.0	113.0
Number of violations			5.0	3.0	1.0
Annual concentration, mg/m ³					
Annual geometric mean ^F		60.0	52.0	61.0	41.0
Annual excess			No	Yes	No
PARTICULATE MATTER, 10 MICRON (PM-10)					
24-hour concentration, ug/m ³					
Highest 24-hour average	150.0	50.0	--	65.0	117.0
Number of violations			--	4.0	7.0
LEAD (Pb)					
30-day concentration, ug/m ³					
Highest 30-day average		1.5	0.23	0.10	0.16
Number of violations			0.0	0.0	0.0
NITROGEN DIOXIDE (NO ₂)					
1-hour concentration, ppm					
Highest hourly average		0.25	0.11	0.15	0.12
Number of violations			0.0	0.0	0.0
SULFUR DIOXIDE (SO ₂)					
24-hour concentration, ppm					
Highest 24-hour average	0.14	0.05	0.010	0.010	0.013
Number of violations			0.0	0.0	0.0

(continued)

APPENDIX B: SAN FRANCISCO AIR POLLUTANT SUMMARY 1986-1988 (continued)

^A Federal standards, not to be exceeded more than once per year, except for annual averages, which are not to be exceeded.

^B State standard, not to be exceeded, except for TSP and Pb standards, which are not to be equalled or exceeded.

^C The federal standard is in terms of Expected Annual Excesses which is based on a three-year running average.

^D Special measurement station at Ellis Street for street level maximums, referred to as a microscale site.

^E The California Ambient Air Quality Standards for PM-10 became effective in August, 1983. The 24-hour and annual National Ambient Air Quality Standards for PM-10 became effective in July, 1987. At the time the PM-10 standards were adopted the TSP standards were rescinded.

^F Geometric mean is the n th root of the product of n numbers.

SOURCE: California Air Resources Board, 1986-1987, *California Air Quality Data*.

APPENDIX C. NOISE MEASUREMENTS

<u>Measurement Number</u>	<u>dB¹</u>		<u>Source of High Measurement</u>
	<u>Low</u>	<u>High</u>	
1	65	75	motorcycle
2	66	66	loud car
3	55	69	motorcycle
4	45	65	
5	55	77	loud car
6	52	77	loud car
7	68	68	
8	67	77	loud car
9	67	72	
10	62	74	
11	52	75	bus down 14 th
12	55	74	
13	52	73	
14	60	75	
15	63	73	electric bus
16	70	74	
17	68	82	bus up 14 th
18	65	77	motorcycle
19	68	82	loud/old car
20	67	73	loud car
21	67	67	
22	55	57	
23	55	55	
24	65	65	
25	68	81	truck
26	60	70	
27	68	68	background
28	61	61	
29	55	66	
30	55	74	accelerating car
31	68	68	

See Figure 36, page A-54 for measurement locations.

¹ dBA is a measure of sound in units of decibels (dB). The "A" denotes the A-weighted scale, which simulates the response of the human ear to various frequencies of sound.

SOURCE: Measurements taken by Jonathan Sinton of Bendix Environmental Research, Inc., January 25, 1990.

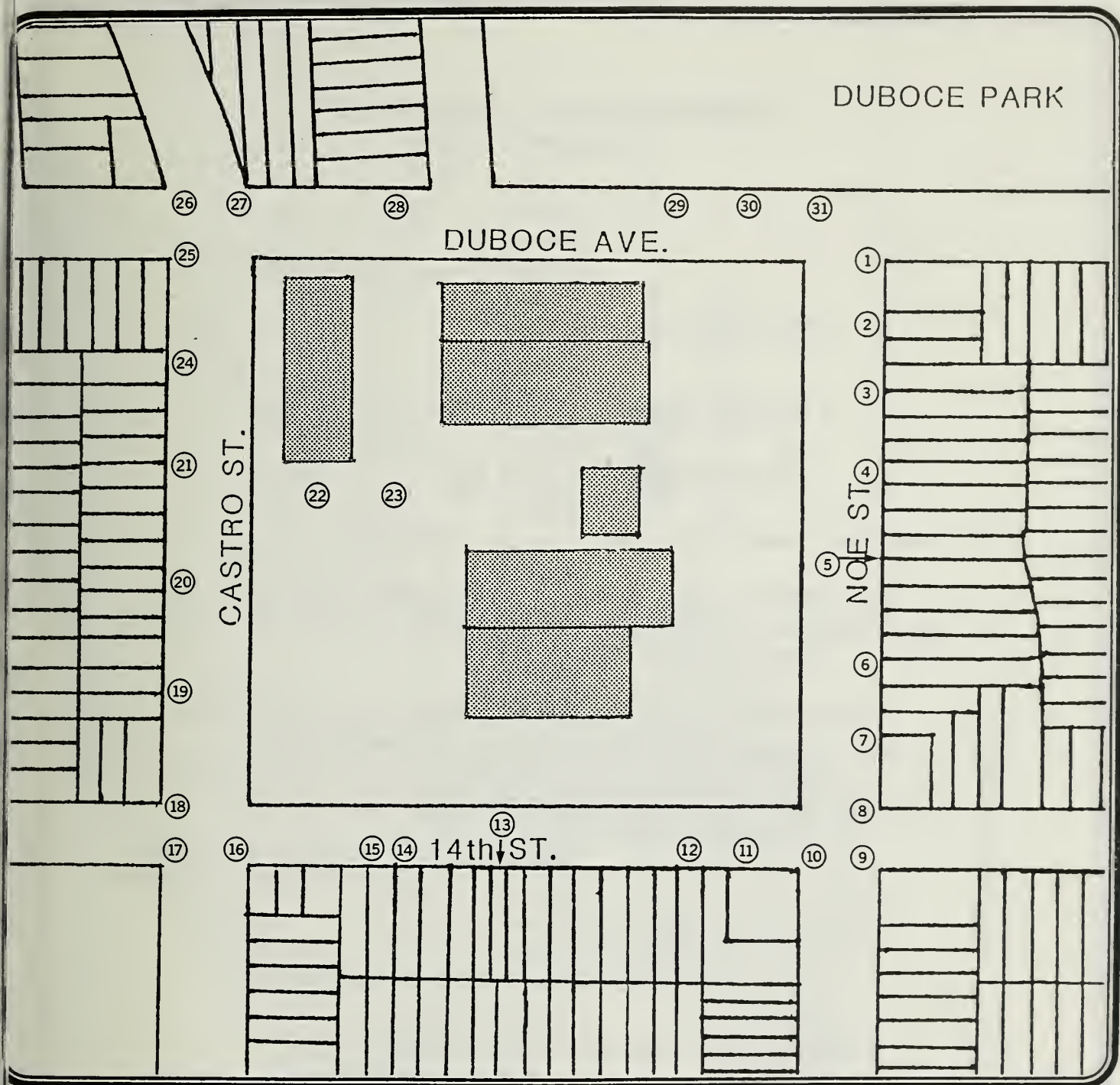


Figure 36. Location of Noise Measurements

① Location of Noise Measurements

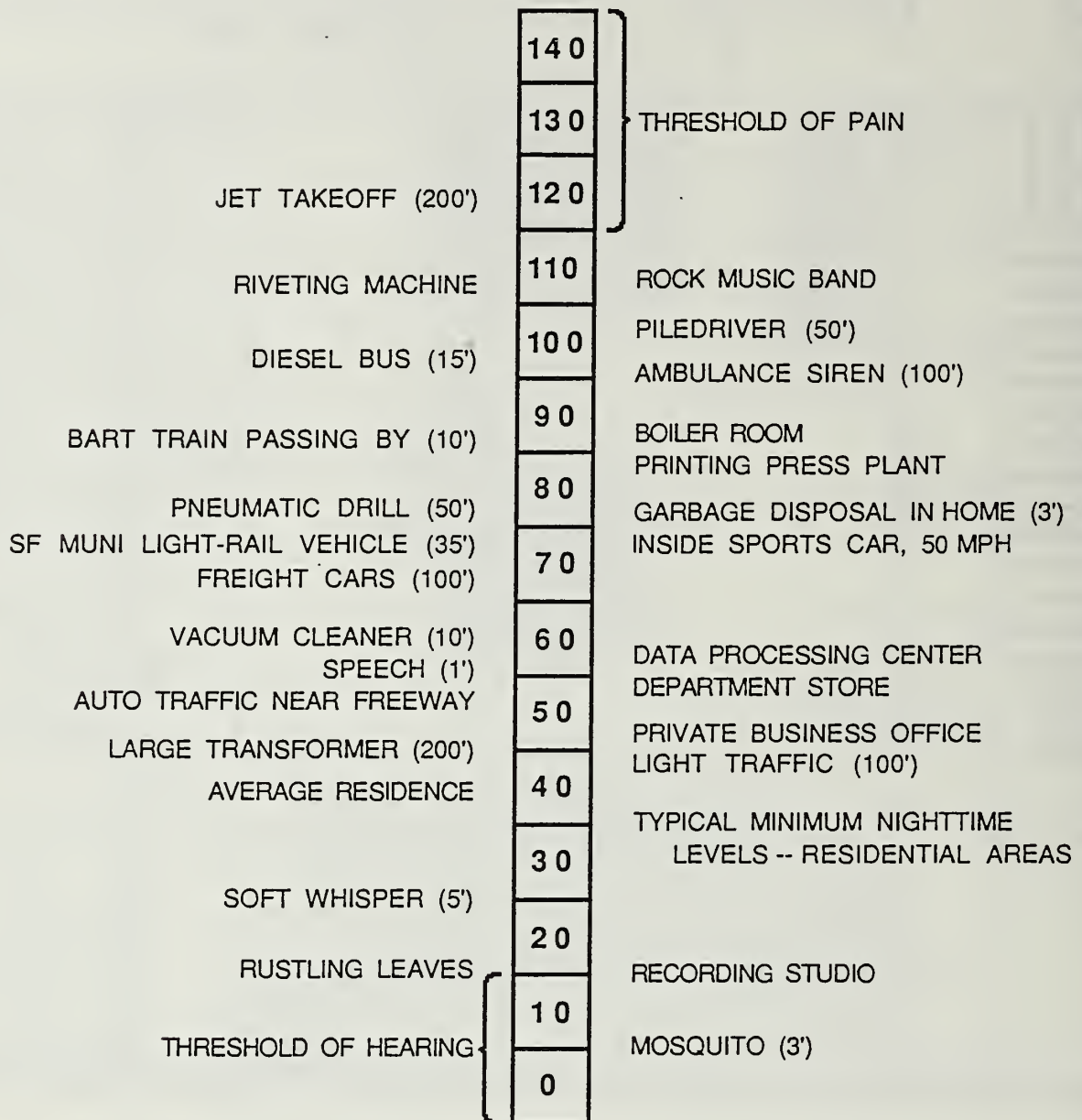
Existing Davies Medical Center Buildings



not to scale

SOURCE: Bendix Environmental Research, Inc.

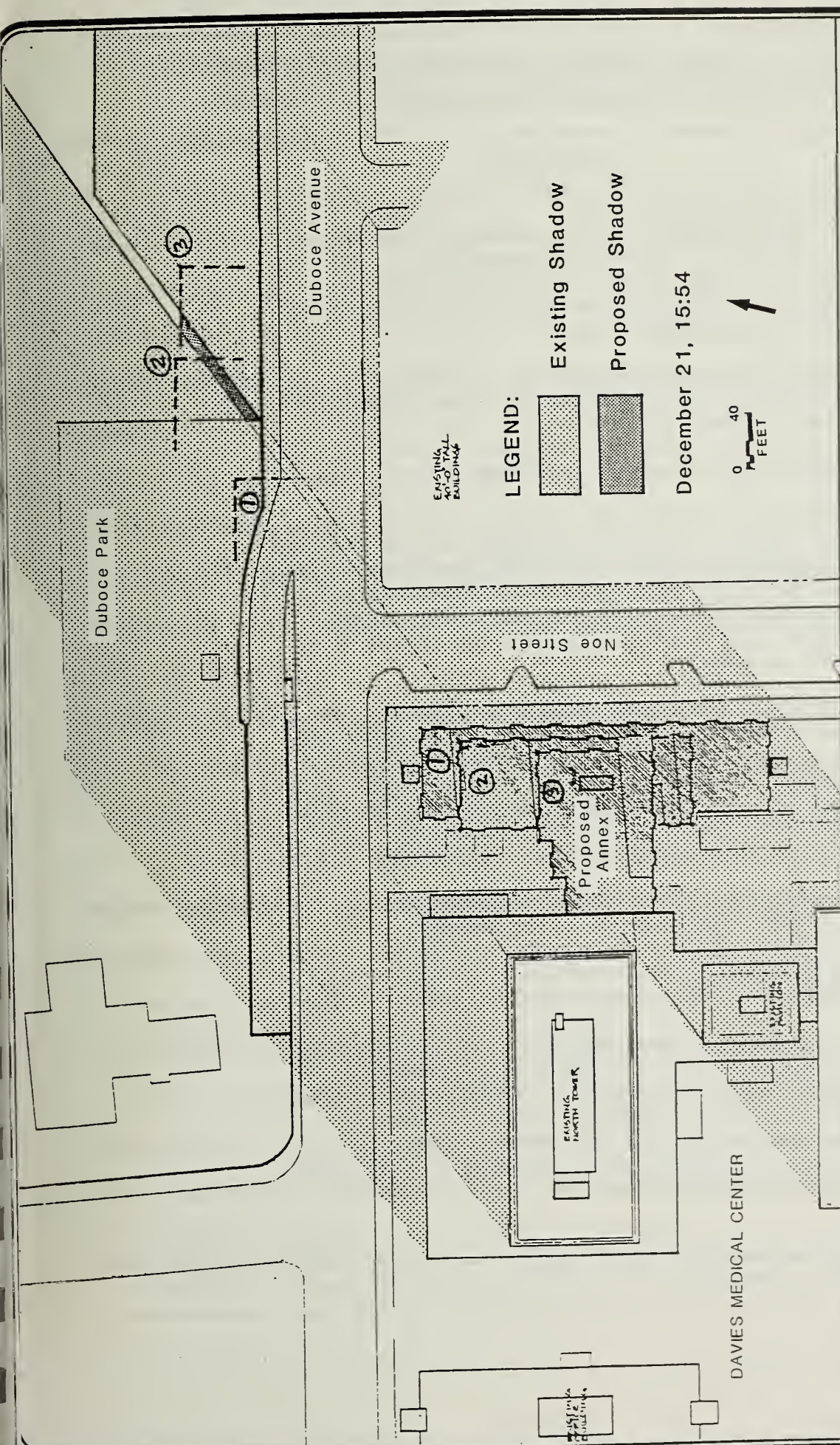
A-WEIGHTED SOUND PRESSURE LEVEL IN DECIBELS (dBA)



SOURCE: Charles M. Salter Associates, Inc.

(100') = DISTANCE IN FEET BETWEEN
SOURCE AND LISTENER

Figure 37. Typical Noise Levels



APPENDIX D: Proposition K Shadow Diagram

APPENDIX E: LEVEL OF SERVICE CONDITIONS AT STREET INTERSECTIONS

<u>Level of Service</u>	<u>Description</u>	<u>Volume/Capacity (V/C) Ratio</u>
A	A condition where the approach to an intersection appears quite open and turning movements are made easily. Little or no delay is experienced. No vehicles wait longer than one red traffic signal indication. The traffic operation can generally be described as excellent.	0 - 0.60
B	A condition where the approach to an intersection is occasionally fully utilized and some delays maybe encountered. Many drivers begin to feel somewhat restricted within groups of vehicles. The traffic operation can be generally described as very good.	0.61 - 0.70
C	A condition where the approach to an intersection is often fully utilized and back-ups may occur behind turning vehicles. Most drivers feel somewhat restricted, but not objectionably so. The driver occasionally may have to wait more than one red traffic signal indication. The traffic situation can generally be described as good.	0.71 - 0.80
D	A condition of increasing restriction causing substantial delays and queues of vehicles on approaches to the intersection during short times within the peak period. However, there are enough signal cycles with lower demand such that queues are periodically cleared, thus preventing excessive back-ups. The traffic operations can generally be described as fair.	0.81 - 0.90
E	This represents the most number of vehicles that any particular intersection can accommodate. At capacity there may be long queues of vehicles waiting upstream of the intersection and vehicles may be delayed up to several signal cycles.	0.91 - 1.00
F	This represents a jammed condition. Back-ups from locations downstream or on the cross street may restrict or prevent movement of vehicles out of the approach under consideration. Hence, volumes of vehicles passing through the intersection vary from signal cycle to signal cycle. Because of the jammed condition, this volume would be less than capacity.	1.01+

Source: San Francisco Department of Public Works, Traffic Division, Bureau of Engineering, based on Highway Capacity Manual, Special Report 87, Highway Research Board, 1965.

APPENDIX F. AIR QUALITY METHODOLOGY AND ASSUMPTIONS

The Modified Linear Rollback method of forecasting carbon monoxide concentrations relates future concentrations to measurements made in 1985 through a calculation of total emissions at the intersection and an estimate of background levels. Input needed is the peak two-hour traffic count for the intersection, an average speed for the intersection, and EMFAC 7 emissions factors.

The Modified Linear Rollback method calculates a total concentration as a sum of a local component and a background component. Measured levels at the 6th and Brannan intersection in 1985 are used as reference concentrations, where the measured local component was 6.3 and the background component was 7.1 ppm (parts per million).

For any intersection the local component is factored up or down based upon the total emission at the intersection, which is the product of the total two-hour peak traffic with the speed-adjusted emission factor for the appropriate year of interest. The background level is assumed to vary with the total regional emission of carbon monoxide as projected by the Bay Area Air Quality Management District.

The method predicts an 8-hour maximum concentration. A 1-hour concentration is estimated by dividing the 8-hour concentration by 0.7.

Table F-1 summarizes the calculation of 8- and 1-hour concentrations for the Noe/14th and Divisadero/Haight intersections. Average vehicle speed has been assumed to vary with the intersection Level of Service as follows:

LOS A-C:	15 mph
LOS D:	10 mph
LOS E-F:	5 mph

The background component is calculated for years other than 1985 with the following formula:

$$\frac{\text{Regional CO Emissions}}{\text{1985 Regional CO Emissions}} \times 7.1 \text{ ppm}$$

The estimated 1985 regional emissions were 2610 tons/day. Emissions in 1990 are estimated at 2125 tons/day; 1995 emissions are estimated at 1864 tons/day.¹ The resulting background levels are 5.8 ppm in 1990 and 5.1 ppm in 1995.

Table F-1: Calculation of CO Concentrations at Selected Intersections

Case	Two-Hour Traffic ²	Emission Factor ³	Emission (grams)	8-Hour Local ⁴	8-Hour Total
<u>Noe/14th</u>					
Existing (1990)	2192	43.70	95,790	0.5	6.3
Project (1990)	2192	43.70	95,790	0.5	6.3
Cumulative (1995)	2302	42.77	98,460	0.5	5.6
<u>Divisadero/Haight</u>					
Existing (1990)	4992	43.70	218,200	1.1	6.9
Project (1990)	5058	43.70	221,000	1.1	6.9
Cumulative (1995)	5308	33.13	175,900	0.9	6.0

¹ Toch Mangat, Bay Area Air Quality Management District, telephone conversation with Donald Ballanti, October 12, 1990.

² The peak two-hour volume has been taken as twice the p.m. peak hour volume.

³ Emission factors are from the Bay Area Air Quality Management District's *Air Quality and Urban Development Guidelines*, November 1985, (p. VI-12) as updated on April 27, 1988.

⁴ The local component is calculated by dividing intersection emissions by 1,302,663 (the emission from the 6th/Brannan intersection in 1985) and multiplying the result by 6.3 PPM, the local component measured in 1985.

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